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ABSTRACT

This handbook presents child care providers with fifteen chapters containing the most current information available on child health, illness, and development. Chapter 1 addresses "Child Growth and Development" in the areas of muscle, social, emotional, and intellectual skills. Chapter 2 addresses "Children's Health Histories" and how to keep health records. Chapter 3 covers "Nutrition" and focuses on balanced diet. Chapter 4 addresses "WIC Information," including eligibility and program description. Chapter 5 discusses "Dental Health," including normal dental health and care. Chapter 6 addresses "Preparing, Handling, and Storing Food" and food purchase guidelines. Chapter 7 addresses "Preventing Injuries," including indoor and outdoor safety checklists. Chapter 8 covers "Preventing Illness," including proper hygiene. Chapter 9 addresses "Preventing Communicable Diseases," including universal precautions, and provides a guide to communicable diseases. Chapter 10 addresses "Regulations Relating to Spread of Disease" for day care centers. Chapter 11 discusses "Reporting Communicable Diseases." Chapter 12 addresses "HIV/AIDS Infection Control," including sample policies for providers. Chapter 13 addresses "First Aid in Emergencies," including supplies and techniques for handling common accidents. Chapter 14 deals with "Protecting Health of Child Care Providers," including preventing infection and precautions for pregnant providers. Finally, Chapter 15 addresses "Child Maltreatment," including reporting requirements and definitions of maltreatment. (SD)

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Arkansas
SAFE KIDS
are no accident!

Healthy Children Handbook

PS 025585

OFFICE OF DISABILITY PREVENTION
ARKANSAS DEPARTMENT OF HEALTH

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This project is funded through the

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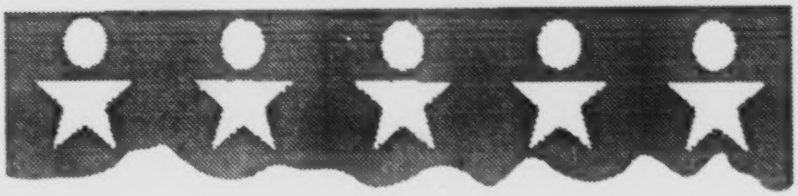

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Most of the materials in this book are excerpted from a similar handbook produced by the Lincoln-Lancaster County Health Department in Nebraska. The state of Nebraska has very graciously permitted the Arkansas Department of Health to adapt the book to fit Arkansas Day Care Regulations.

This first edition of the Arkansas handbook was adapted by the following staff members of the Arkansas Department of Health:

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* * *

Susie Beck, Editor

FOREWORD

To give our children the best care possible, Arkansas' child care providers need current information on health, illness and development in an easy to use format. The Arkansas Department of Health and the Arkansas Early Childhood Commission have worked together to make this book available. We hope that you find it useful and will keep it on hand to answer questions and to help solve problems as they arise.

The Arkansas Department of Health has staff to work with you on information in this handbook. Child care providers may call directly to these divisions for answers to their questions.

These offices are in Little Rock and you may call this toll free number, 1-800-482-5400, and ask to be connected to the specific department.

REFERENCES

TOPIC	DEPARTMENT	PHONE
Child Growth & Development	Maternal Child Health	661-2199
Immunizations	Immunizations/ Communicable Disease	661-2169
Nutrition	Nutrition Services	661-2186
Handling and Food Storage	Environmental Health Protection	661-2171
Dental Health	Dental	661-2744
Preventing Injuries	Disability Prevention	661-2947
Preventing Illness and Disease	Immunizations/ Communicable Disease	661-2169
HIV/AIDS	AIDS/STD	661-2408
Child Maltreatment	Department of Human Services	1-800-482-5964

The information in this handbook is current and reflects accepted procedures in Arkansas. As new information is made available, you will receive updates to your handbook.

INTRODUCTION

As Director of the Arkansas Department of Health, Dr. Joycelyn Elders, was in Lincoln, Nebraska in 1992 when she came across a Healthy Children's Handbook. She thought that Arkansas' child care providers would appreciate being given the same kind of information.

The Office of Disability Prevention has coordinated the production of the Arkansas Healthy Children's Handbook. With funding from the Division of Immunization/ Communicable Disease and the Arkansas Early Childhood Commission, it will be distributed to every child care provider in the state.

The information provided is current and should be useful when making decisions and developing policy. It is our intention to update this information as new guidelines or suggestions are made. For this reason, the Handbook has no permanent binding. In a three-ring binder, it will be easy to insert or delete pages as necessary.

As child care providers, you play an important role in protecting and promoting the health of our children. You work every day doing this; we hope the handbook makes your job a little easier.

NOTES

CHILD GROWTH AND DEVELOPMENT

The following information describes normal growth and development and ways to encourage development in children. It is helpful to know about normal child growth and development so that you can:

- Create a safe and stimulating environment for children.
- Recognize children who are not developing as they should.

Growth refers to the body getting larger in size and **development** to the body becoming more skilled or mature.

The two main factors that affect children's growth (height and weight) are:

- Parents - Children inherit growth characteristics. For example, tall parents tend to have taller children and short parents have shorter children.
- Environment (living conditions)- The most important environmental factor affecting growth is good nutrition (eating a balanced diet).

Development occurs in the following areas:

- **Muscle skills** - how well a child moves all the muscles in the body, how muscles work and how the nervous system tells the muscles what to do.
- **Social and emotional skills** - how a child learns to see himself/herself as a loved, loving, able, unique human being and how a child knows what is expected and how to act in his/her culture or society.
- **Thinking (intellectual) skills** - how a child thinks and learns.

Since rates of growth and development vary in each child, use the following information as a general guide. If you think a child is not growing or developing as he/she should, discuss your concerns with the parents. The resource section of this handbook has information about community resources for growth and development problems in children.

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HEIGHT AND WEIGHT IN INFANCY (BIRTH - 1 YEAR)

Babies, like adults, vary in size and shape. Although babies can vary a lot in their growth and still be healthy, watching growth is a way for you to see if they are getting good nutrition (enough to eat). The following heights and weights are general guides (averages):

- The average weight at birth varies from 6-9 pounds.
- The average length at birth varies from 18-22 inches.
- Babies gain 4-5 ounces a week (1-1/2 pounds a month) from birth to 6 months, doubling their birth weight by 5 months (For example: 7 pounds at birth = 14 pounds at 5 months).
- They gain 3-4 ounces a week from 6 months to 1 year, tripling their birthweight at 1 year (7 pounds at birth = 21 pounds at 1 year).
- By their first birthday, babies have increased their birth length by 1/2. A baby 20 inches at birth will be about 30 inches at 1 year.

HEIGHT AND WEIGHT IN BIRTH TO PRESCHOOL YEARS

Growth slows down by the end of the first year. Preschool years are a time of slow, but steady growth for children. During their second year, (from 2-3), children gain about 5-6 pounds. From 3 to 5 years, they gain about 4-5 pounds a year. Generally children's height at 2 years will be 1/2 of their adult height. (See the growth chart below.)

AVERAGE WEIGHT

Birth	7 pounds
5 months	double birth weight
1 year	triple birth weight
2 years	gain 5-6 pounds a year
3-5 years	gain 4-5 pounds a year

AVERAGE HEIGHT

Birth	20 inches
1 year	add 1/2 birth height
2 years	1/2 of adult height

WAYS TO ENCOURAGE DEVELOPMENT

Birth - 3 Months

Muscle Skills

- Place infants in different positions when awake.
- Put on stomach and place brightly-colored toys 8-10 inches in front of face, or make soft noises in front of head to encourage lifting of head.

- Hold infant in a sitting position being sure back and head are supported. Put infant in infant seat. Do not place seats on counters, tables or chairs unless adult stays nearby.

- Place brightly-colored mobiles and pictures around infant's area.

Language Skills

- Talk to infant as much as possible when changing diapers, feeding and playing. Talk, then wait, giving infant time to respond.

- Respond to infant's laughs, coos and sounds with pleasure. Be expressive!

Social and Emotional Skills

- **Provide the same care giver as much as possible.** Infants bond well to only a few people. This bonding is critically important to developing feelings of trust and security.

- Be aware of baby's moods. Babies, like adults, like to play and eat when they are awake and alert. When infants are sleepy or fussy, they do not like eating or being handled.

- Don't worry about spoiling infants at this age - they need lots of love and attention.

- When an infant cries, check to see if hungry, wet, too cold or hot or uncomfortable. If so, take care of that. If still fussy, try the following ways to comfort:

  - Let baby bring hand to mouth- some babies quiet by sucking on their hands or fingers.

  - Bring your face into the baby's vision (8"-0" from his/her face).

  - Talk to infant in a soft, steady voice.

  - If these measures don't work after about 2 minutes, pick up baby, swaddle (wrap snugly with a blanket) and hold close or rock or walk; this gives a feeling of closeness and warmth.

- Use pacifier if parents approve. (If using a pacifier, never leave it on a cord around the baby's neck; it can strangle baby.) Do not sweeten pacifiers. (See page 46.)

- Provide quiet time when baby is not over-stimulated.

- Pay close attention when you feed babies. Feeding can be the most important social and learning time for an infant.

- Spend lots of time holding each baby and looking at him/her. Your face and smile are very important to baby.

Muscle Skills

- Moves arms and legs equally well.
- When on stomach, ability to raise and control head improves.
- When on back, eyes follow bright objects or person's face from side-to-side.
- Stares at objects held about 8-10 inches in front of him (likes human faces and bright colors best).
- Likes high contrast (black and white) and bright colors (oranges, reds, yellows).
- Slowly develops more head control when in sitting position.
- Movements not yet well-coordinated, startles to loud sound or sudden change of position.
- Cannot yet control hands.

Language Skills

- Makes some noises other than crying (coos).
- Can hear well, likes human voice.

Social and Emotional Skills

- Comforts when talked to, held and cuddled.
- Sucking brings comfort.
- Crying usually means: hunger, loneliness, wet, cold, hot, other discomfort.
- Cries to let you know needs - comforts when needs are cared for such as food, dryness, warmth, loving.
- Trust begins to be developed when you respond to baby's needs. Baby in turn quiets, looks with eyes.
- Smiles responsively by 2 months.

WAYS TO ENCOURAGE DEVELOPMENT

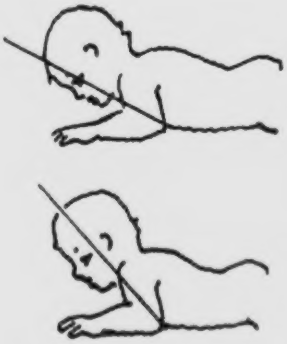
3-6 Months

Muscle Skills

- Provide lots of time for sitting up (support head and back until good head control is complete).
- Have brightly-colored toys within reach, use toys that child can hold with hands.
- Give toys with different textures (soft-rough).

Language Skills

- Speak, sing to child, use "adult" talk, not "baby" talk.
- Use expressive language (happy voice, laughter, etc.).
- Respond to baby's coos and babbles with similar sounds.



Social and Emotional Skills

- Have the same person care for the same babies as much as possible; this helps them learn to trust and develop relationships with others.
- Children in this age group are very social beings.
- Cry begins to be different for hunger, discomfort, wanting attention, etc. Child still needs attention when he cries - you can't spoil him/her.

Thinking Skills

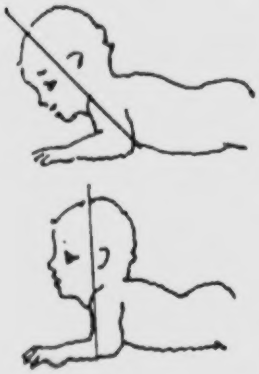
- Provide interesting toys like:
  - Toys that make noise, rattles, squeeze toys, stuffed animals with noisemakers inside.
  - Toys that can be reached for and held; crib gym, soft toy above crib to kick.
- Provide time for being near other infants and adults.

Note: Babies at this age put objects in their mouths. Check all toys to be sure they don't have small pieces that could be swallowed. If hanging toys over cribs, they must be high enough so infant can't pull them down and become strangled by cord.

DEVELOPMENTAL TASKS

3-6 Months

Muscle Skills



- Gains more muscle control.
- Rolls over; begins to sit (first with support, gradually more on own). Head steady when put in sitting position.
- Reaches for object, holds object in hand, can bring hands together (like clapping), looks for object that goes out of sight.
- Vision improves, can see more clearly.
- By 5-6 months, can find mouth with hands.
- By 3-6 months, transfers object from one hand to another.
- By 3-7 1/2 months, bears some weight on legs.

Language Skills

- Makes a variety of sounds, coos, may begin babbling.
- Turns eyes in the direction of sound (especially voice).

Social and Emotional Skills

- Smiles.
- Makes eye contact.
- Shows signs of attachment to important caregiver(s) (father, mother or usual child care provider).
- Responds differently to different people.

Thinking Skills

- Responds to environment, laughs, looks at objects making sounds.
- Begins to explore body.

WAYS TO ENCOURAGE DEVELOPMENT

6-9 Months

Muscle Skills

- Provide a safe environment so infant can creep, crawl and explore. (See Preventing Injuries, pages 64-72 for important safety measures.)
- Have lots of toys of different shapes, textures, colors. Be sure toys are safe (no small pieces or sharp edges).
- Provide finger foods infant won't choke on. (Children progress on solid foods at different rates; start out with crackers and then move on to small foods.)
- Let infant begin feeding self. Try to use cup with small amounts of fluids.

Language Skills

- Talk to infant, use descriptive words to comment on infant's activities.
- Praise when infant makes sounds.
- Imitate sounds made by infant.
- Provide squeaky or musical toys.

Social and Emotional Skills

- Continue to provide the same caregiver as much as possible.
- Play games like "peek-a-boo", or making toys disappear and then immediately come back.
- Provide play time with infant.

Thinking Skills

- Contine using toys suggested for 3-6 month old. Try rotating them so some "new" toys become available each week.
- As infant begins creeping or crawling, provide large safe area to explore.

Muscle Skills

- Sits alone without support, has good head control.
- Able to get from lying to sitting (6-11 months).
- Can pull self to stand up, may take a step while holding on (6-10 months).
- May crawl.
- Reaches out and grasps objects (rattles, toys).
- Looks for object that goes out of sight.
- Begins self-feeding with finger foods, cup.

Language Skills

- May say "dada", "mama", but does not connect these words with specific people.
- Imitates speech sounds and noises.
- Turns and looks in the direction of sounds.
- Likes musical sounds, squeaky toys.

Social and Emotional Skills

- Begins to be shy or uneasy with strangers.
- May show strong preference or attachment to one or two people.
- Enjoys games like "pat-a-cake", "peek-a-boo", hiding a toy and then having it reappear.
- Smiles at self in mirror.

Thinking Skills

- Spends much of daytime awake and alert.
- Recognizes familiar people and objects.
- Begins to develop memory.

WAYS TO ENCOURAGE DEVELOPMENT

9-12 Months

Muscle Skills

- Think about safety. As babies gain mobility, they get into lots of new areas. Refer to section on Preventing Injuries, page 64.
- Provide safe area with enough space for creeping, crawling.
- Let child pull self up to stand. A railing or low furniture can encourage "cruising."
- Give toys like: spoons, plastic containers and cups, balls, large blocks, pots and pans.
- Play with a large soft ball-allow child to roll it, throw it, catch it.
- Be sure toys cannot fit into baby's mouth. Choking is a big risk at this age.
- Have outside play time in a safe play area.

Language Skills

- Always take time to talk with child (while playing, bathing, changing diapers).
- Use "adult" talk, not "baby" talk.
- Make sounds the child can copy.
- Begin using simple commands and show child what your words mean (for example, "sit down", "come here" - use hand gestures at the same time).

Social and Emotional Skills

- Continue to provide the same caregiver as much as possible.
- Play with child. Show how toys work, don't just give toys.
- Talk, smile, laugh and have fun!

Thinking Skills

- Provide toys which are right for the age and challenge the child to learn (like "in-and-out" toys, "push-pull" toys, stacking cones, music boxes, jack-in-the-boxes).

- Teaches child how toys work.
- Give child time and opportunity to learn to do things for himself/herself, such as feed self.

DEVELOPMENTAL TASKS

9-12 Months

Muscle Skills

- Can get from lying down to sitting position, sits well alone.
- Creeps, crawls.
- Pulls self up to a standing position, may be able to stand alone, may take several steps while holding on.
- Can use thumb and fingers to grasp and hold objects.
- Holds cup and spoon.
- Has good hand-to-mouth coordination.

Language Skills

- Imitates sounds like clucking, lip smacking.
- Uses words such as "dada", "mama."
- May understand one or two simple commands.
- Begins to understand "no-no."

Social and Emotional Skills

- May still show fear with strangers; attaches to main caregiver(s).
- Very responsive to adult's smiles, voice, eye contact and play.
- Recognizes self in mirror.
- Begins to be interested in activities of others.

Thinking Skills

- Remembers toys, people.

- Curious about objects; likes to put things in and out of containers.
- Likes to pull a cover off a toy he has seen hidden.

WAYS TO ENCOURAGE DEVELOPMENT

1 - 1 1/2 Years

Muscle Skills

- Provide safe play areas - frequently check for small objects that can be swallowed or sharp, dangerous objects.
- Provide both big muscle activities (climbing-outdoor play) and quiet play.
- Provide play with crayons, large paper, finger paints.
- Go on field trips (zoo, parks) to give varied experiences.

Language Skills

- Talk to child - be descriptive whenever possible. Use language to describe lots of things. If you are talking about snow, say that snow is cold and white.
- Encourage child to talk by being patient and listening, give child eye contact when he or she speaks to you. Respond-answer back.
- Don't pressure children to talk by commanding them or asking difficult questions.
- Encourage child to say words rather than always pointing.
- Read books to child.

Social and Emotional Skills

- Let child help with simple household tasks (like dusting, clearing dishes, setting table).
- Put on clothes that are easy to remove so child can undress self and be more independent.
- Give honest, simple explanations when you (or parent) leaves child. For example, when parent drops off child at child care, they should say good bye-not sneak away.

Thinking skills

- Give building toys (blocks, stacking toys).
- Let children spend time together. They won't play together, but will play side by side.

DEVELOPMENTAL TASKS

1 - 1 1/2 Years

Muscle Skills

- Walks well by self.
- Stoops for an object.
- Walks backwards, climbs stairs.
- Turns pages of a book.
- Stacks a few blocks.
- Begins interest in holding a fat pencil or crayon and scribbling.
- Holds cup.
- Eats with spoon, however may still be clumsy with it.

Language Skills

- Uses one word at a time.
- Learns new words rapidly, vocabulary increases - marked variation in speech development. Should know 3 words other than "mama", "dada."

Social and Emotional Skills

- Likes to copy adults (pretends to do housework).
- Curious and very interested in exploring.
- Begins to develop sense of independence.
- Removes some clothing (socks, pants).

Thinking Skills

- Remembers people and objects even when they are not in sight.
- Looks for objects that have been hidden.

- Will try different ways to solve problems until learns what works.
- Imitates (copies) others.
- Memory getting better.

WAYS TO ENCOURAGE DEVELOPMENT

1 1/2 - 2 Years

Muscle Skills

- Have safe play area outdoors and indoors for using large muscles (running, climbing, throwing, jumping).
- Supervise coloring and painting.
- Provide good toys and games such as: blocks, toys to climb on, play house, dress-up toys, colorful picture books.
- Can begin toilet training if child shows signs of readiness, such as:
    - complains of wet pants
    - shows interest in toileting activities of others.
    - stays dry for several hours at a time during the day.

Be aware that bladder and bowel control do not necessarily occur at the same time.

Language Skills

- Play sound games ("a cow goes moo"); play naming games ("show me your nose").
- Sing, tell short rhymes.
- Encourage talking (same as for 1- 1 1/2 year old).

Social and Emotional Skills

- Let children begin to play with each other - expect mostly individual play but they do enjoy being near one another.
- Don't punish if refusing to share.

- Whenever possible, give child choices so that he/she has an opportunity to exert control over situations (set your limits clearly before giving a child the choice).

Thinking Skills

- Provide picture books with large, bright pictures.

- Draw murals, large paints and tell stories about these.

DEVELOPMENTAL TASKS

1 1/2 - 2 Years

Muscle Skills

- Skills getting better (walks, runs, climbs steadier, jumps).

- Stacks more blocks.

- Can copy a straight line.

- Kicks and throws a ball.

- May be able to pedal a tricycle.

- Gains more control over bladder and bowel movements.

Language Skills

- Begins to combine 2 words.

- Can name some parts of body (ears, eyes, etc.) or point to them appropriately.

- Can name pictures of common objects (cat, dog, man, house).

- Can follow simple 1-step directions ("bring the book to me").

- Likes singing and rhymes.

Social and Emotional Skills

- Children play side by side not really interacting with each other - may do the same activity near others - no real idea of sharing.

- Begins to dress self - puts on simple clothing.

- Still likes to copy adults.
- Continues to develop independence - begins to say "no" when asked to do things or asked questions.

Thinking Skills

- Getting better at solving problems.
- Begins to play make believe/pretend.

WAYS TO ENCOURAGE DEVELOPMENT

2 - 3 Years

Muscle Skills

- Have safe play area outdoors and indoors for using large muscles (running, climbing, throwing, jumping).
- Allow tricycle riding supervised and in safe area.
- Supervise coloring and painting.
- Good toys and games are blocks, toys to climb on, play house, dress-up toys, colorful picture books.
- Can begin toilet training.

Gross Motor Skill

- Play with balls.
- Allow toilet training to proceed at child's pace.

Language Skills

- Singing
- Wordless books encourage children to tell the story. Adult listens, adds details, or pronounces correctly what child says.
- Read books aloud, at least one every day.
- Encourage children to recount everyday events and details.

Social and Emotional Skills

- Model social skills.
- Help child to use words to solve social problems.
- Ignore negative behavior whenever possible.
- Allow choices about many daily events.
- Encourage to express feelings verbally.
- Simple turn-taking games like tag, musical chairs, Simon says.

Thinking Skills

- Simple puzzles
- Books with interesting age-appropriate stories.
- Art projects with many textures, colors, large paintings.

DEVELOPMENTAL TASKS

2 - 3 Years

Muscle Skills

- Running and stopping, stepping up, squatting.
- Stands on one foot.
- Jumps in place with both feet.
- Rides tricycle (helmets are recommended).
- Throws ball overhand.
- Stacks more blocks, up to 8 cubes, builds bridges.

Language Skills

- Follows two-step directions ("Get the book and put it on the table").
- Names 5 to 6 body parts on himself/herself.
- Takes part in simple conversation.
- Answers simple questions.

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- Uses 2-3 word sentences regularly.
- Uses plurals.
- Asks lots of questions.

Social and Emotional Skills

- Helps with simple tasks, like picking up toys.
- Washes and dries hands.
- Dresses with supervision.
- Separates from mother easily.
- Plays interactive game (tag).
- Asserts individuality.
- May be negative or demanding.
- Likes rituals.
- Likes to feed himself (but still spills).

Thinking Skills

- Making choices.
- Establishing individuality.
- Beginning to grasp cause, and cause and effect relationships.

WAYS TO ENCOURAGE DEVELOPMENT

3 - 4 Years

Muscle Skills

- Continue to allow toilet training to proceed at own pace.
- Allow for plenty of free play time out of doors.
- Provide with safe climbing structure, tricycles.
- Allow for messy art play.

Language Skills

- Same as for 2-3 year old.
- Answer questions straightforwardly and simply.
- Focus on topics of interest to the child to increase vocabulary.

Social and Emotional Skills

- Model social skills.
- Help child to use words to solve social problems.
- Ignore negative behavior whenever possible.
- Allow choices about many daily events.
- Encourage to express feelings verbally.
- Simple turn-taking games like tag, musical chairs.

Thinking Skills

- Practice counting.
- Allow to make choices about activities.
- Encourage to problem solve for himself/herself when possible
- Develop classification skills by making collections of similar objects for children to sort and compare - buttons, small plastic objects, spools, lids, etc.

DEVELOPMENTAL TASKS

3 - 4 Years

Muscle Skills

- Jump, run, throw, climb, using good balance.
- Balance on one foot 5 seconds.
- Starts learning to catch.
- Walks tiptoe.
- Draw up, down, around and sideways using a crayon.
- May or may not be dry at nap time and night time.

Language Skills

- Uses plurals, past tense, pronouns, and prepositions.
- Uses speech that is easily understood.
- Asks a lot of "why" and "what" questions.
- Answers simple "where" and "who" questions.
- May recognize colors.
- Gives first and last name.

Social and Emotional Skills

- Enjoys playing with other children.
- Waits his turn some of the time.
- Dresses partly, undresses completely.
- Can ask for help if he/she needs it.
- Make believe and "let's pretend" games.
- Likes to learn and follow the rules.

Thinking Skills

- Has attention span of about 10 minutes.
- May know shapes.
- Still doesn't understand idea of time.
- Can count objects.
- Learns to classify objects by color, form, size, etc.

WAYS TO ENCOURAGE DEVELOPMENT

4 - 5 Years

Muscle Skills

- Continue to provide opportunities for plenty of large muscle activity.
- Reinforce progress in self-help skills (toileting, dress).
- Teach and model health habits. For example, handwashing; eating habits; covering nose and mouth when coughing/sneezing.
- Encourage self-expression through creative activities: drawing; painting; dramatic play.
- Provide child-size scissors (left handed, if needed) and larger size crayons.

Language Skills

- Teach child correct use of the telephone.
- Encourage child to tell stories, real and make-believe, and have child choose ending.
- Involve child in planning activities and sharing his/her events: holiday decorations; meal preparation, outings.
- Reinforce and encourage child's progress in speech skills "I like the way you described your new dress."
- Read daily to child. Ask questions about events in story.

Social and Emotional Skills

- Encourage healthy expression of feelings. Provide acceptable outlets for anger.
- Provide opportunities for role playing through puppets; dress up clothes.
- Avoid power struggles. Give clear, simple rules and consequences. Give only acceptable choices. Use such terms as "It's time to...", "The rule is..."
- Encourage positive peer support by using "buddy system" - pairing more outgoing child with shy child.

- Help identify and distinguish between real and imaginary fears.
- Model good table manners and common courtesy.

Thinking Skills

- Use calendars, clocks and other visual markers to teach time concepts: "When both hands are on the 12, it will be lunch time."
- Reinforce staying with task.
- Provide simple, honest answers to their why, what, where questions.
- Continue to teach problem solving skills through stories, games and actual situational opportunities.

DEVELOPMENTAL TASKS

4 - 5 Years

Muscle Skills

- Hops on one foot; balances on one foot for 10 seconds.
- Climbs down steps, alternating feet.
- Toilets without help.
- Puts on clothing with some help; laces shoes but does not tie shoes.
- Draws 3 part stick person.
- Cuts on line with scissors.

Language Skills

- Tells stories, mixes fact and fiction.
- Tries out silly words and sounds, Trying "four letter" words is typical and should be dealt with calmly.
- Has vocabulary of near 1500 words; sentence length of 4-5 words.
- Uses adjectives; uses past tense correctly.

- Understands common opposites (big/little; hot/cold)
- Uses these sounds correctly: m, n, ng, p, f, h, w, y, k, b, d, g, r.

Social and Emotional Skills

- Uses verbal skills instead of reacting physically (hitting, grabbing) most of the time.
- Verbally expresses anger, frustration, jealousy.
- May be bossy, call others names and brag about accomplishments.
- May have imaginary playmates and real worries and fears.
- Plays better in a group, shares and waits turn more easily than a younger child.
- Separates easily from parents or primary caregiver.

Thinking Skills

- Has longer attention span, stays with one activity at least 10-15 minutes.
- Understands some time concepts: noontime, early in the morning, next month, next year.
- Identifies crosses, triangles, circles and squares.
- Thinks of imaginary conditions such as "suppose that", "what if", "I hope that."
- Sometimes feels that his/her thoughts and wishes cause events to occur. May feel guilty when negative events happen.

WAYS TO ENCOURAGE DEVELOPMENT

5 - 6 Years

Muscle Skills

- Provide adequate space for large muscle activities (i.e., throwing and catching balls).
- Provide ample materials for using small muscles (i.e., cutting, pasting, drawing, sewing).
- Encourage rhythm activities; provide simple musical instruments (i.e., drums, cymbals).
- Provide building and carpentry experiences.
- Encourage child's interest in printing letters, own name.

Language Skills

- Continue encouraging new vocabulary through reading longer stories, poetry. Define new words and concepts.
- Provide field trips to explore child's neighborhood (i.e., post office, fire station, library).
- Encourage use of reference books - help child look up answers to questions and special interests (i.e., dinosaurs, snakes).
- Listen to child. Give positive feedback verbally and nonverbally.

Social and Emotional Skills

- Give child message that he/she is loved and valued. ("I'm glad you're here today.")
- Reinforce cooperative group behaviors.
- Model appropriate coping skills and expression of feelings.
- Encourage responsibility for small chores.
- Provide opportunities for child to help younger or less skilled child.
- Provide clear rules and consequences.

Thinking Skills

- Play games that have a few clear directions (e.g., board games, checkers).
- Provide opportunity for simple science experiments (e.g., magnets; water-ice/steam).
- Present relevant problems or use actual situations to let children provide possible solutions.
- Provide variety of objects for counting games.

DEVELOPMENTAL TASKS

5 - 6 Years

Muscle Skills

- Catches a bounced tennis ball 2 out of 3 tries; throws a ball well.
- Draws a 6-part figure with more details.
- Sews with large needle and yard or thread. Ties a bow.
- Walks backward and forward with heels and toes one inch apart in a straight line.
- Dances and marches to music.
- May ride bicycle instead of tricycle (reinforce use of bicycle helmet).

Language Skills

- Defines objects by their use (e.g., eat with fork, swim in lake).
- Tells what common objects are made of (e.g., door made of wood; spoon made of silver, plastic).
- Has vocabulary of around 2,000 words. Sentence length 6+ words.
- Uses all types of sentences, some complex (e.g., "I can go in the house after I take off my muddy shoes.").
- Uses most all speech sounds correctly (possible exceptions: f, v, l, th, j, z, zh).

Social and Emotional Skills

- Has sense of humor, plans surprises and jokes.
- Prefers own age group for play; plays cooperatively; likes to conform.
- Expresses sympathy for others, protects younger children.
- Displays pride in abilities and possessions.
- Expresses thoughts and feelings through dramatic play with a variety of toys. Copies behavior of significant adults and peers.
- Begins to resolve conflicts, considering the other child's feelings.

Thinking Skills

- Has longer attention span - over 15 minutes. Remembers previous experiences better.
- Counts objects to 10: identifies nickels, dimes, pennies. Groups items according to shape, size, color function.
- Follows three-step direction (e.g., "Get your coat, put it on, and then stand by the back door").
- States full name, age and sex.
- Does more complex problem solving.
- Is interested in why and how things work.

SEXUAL DEVELOPMENT OF CHILDREN

Birth to 4 Years

Physical

Babies are born with the ability to feel pleasure in their genitals and other erogenous zones. Boys' penises have erections and girls' vaginas lubricate from birth. Babies will touch and play with their genitals, just as they do with everything else in the world.

Physical closeness is essential for babies and children. Infants cannot learn to speak unless spoken to and likewise cannot learn how to love and show affection, unless they are hugged, tickled and kissed. This also helps build positive self esteem. Physical affection with babies and young children is the foundation of healthy sexual development. Security objects and activities, such as imaginary friends, blankets, favorite toys, and thumb sucking, are also normal and sources of comfort and affection for children.

Intellectual-Social-Emotional

By the time they begin to speak (18 months to 2 years), children know if they are male and female. They learn the differences and similarities between genders.

SEXUAL DEVELOPMENT OF CHILDREN

5 to 9 Years

Physical

Children of both sexes may experience sex play with other children, especially same-sex friends. It is important to remember that this play does not acquire sexual meaning until after puberty. Children may masturbate, but learn to hide it if met with correction or disapproval.

Intellectual-Social-Emotional

Children begin to learn how to make and keep friends and may go through a period of disliking opposite-sex children. They learn the concepts of public and private behavior. Interest in pregnancy, childbirth and the family increases. Children experiment with "dirty" words and slang terms for information and sometimes for shock value.

SEX PLAY AMONG CHILDREN

Sex play among children is common and, like other play, is a normal expression of curiosity. Undressing, "playing doctor", and "playing house" are typical of preschool children. This helps children understand gender differences and is usually limited to peers, although young children may want to touch their parents' sexual organs. It is important to remember that childhood sex play is primarily motivated by the "need to know", and not (for young children) by sexual/erotic feelings.

If children exhibit frequent aggressive behavior, overt sex act behavior, or seem, preoccupied with sex over a period of time, consult with your public health nurse or other health professional.

CHILDREN'S HEALTH HISTORIES, PHYSICAL EXAMS AND IMMUNIZATIONS

As a licensed child care, it is recommended that you:

- Keep health records of children which include:
    1) Copy of Immunization Record or a form to record immunizations.

example:

DTP - 3-2-93
OPV - 3-2-93
HbCV (HIB) - 3-2-93
Hep.B - 3-2-93

    2) Special health problems (allergies, medications).
    3) Medical information which includes past illnesses, infections and trauma.

- Check immunization records to make sure children are up-to-date.
- Require proof of age appropriate immunizations upon the child's first day of attendance at child care. (See pages 28-29 for schedule.)
- Contact Arkansas Department of Health if a parent/guardian has a religious objection to immunizations. The Arkansas Department of Health Division of Communicable Disease/Immunization must grant this exemption. Call 1-501-661-2169 for information.
- Call your local health department if you would like help setting up your records.
- Obtain health history when each child is accepted for care. The health history should include date of last physical exam, allergies, any special health problems and immunization history.

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Immunization Schedule Followed by the Arkansas Department of Health

The Immunization Schedule Followed by the Arkansas Department of Health is a composite from the CDC's Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) "Red Book" committee recommendations.

	Hepatitis B[1]	**Oral Polio**	**Diphtheria, Tetanus, Pertussis**[2,3]	***Haemophilus b Conjugate***[3,4]	**Measles, Mumps, Rubella**[5]
BIRTH	HB (a)				
2 MONTHS	HB (a) or (b)	OPV	DTP	Hib (A) or (B)	
4 MONTHS	HB (b)	OPV	DTP	Hib (A) or (B)	
6 MONTHS	HB (a) or (b)	OPV	DTP	Hib (A)	
12-15 MONTHS			DTP/ DTaP	Hib (A) or (B)	MMR
4-6 YEARS		OPV	DTP/ DTaP		MMR[5]
11-12 YEARS					MMR[5]
11-12 YEARS or 14-16 YEARS			Td[6] And every 10 years thereafter.		

[1] Hepatitis B vaccine may be given in either of 2 schedules:
- (a) Birth, 1-2 months, 6-18 months
- (b) 1-2 months, 4 months, 6-18 months

[2] DTP preparation containing acellular pertussis vaccine (DTaP) is recommended for the 4th and 5th doses, but whole cell DTP may still be used if DTaP is not abaliable.

[3] Combination DTP/Hib conjugate vaccine may be used when both shots are scheduled simultaneously.

[4] There are 2 schedules for Hib conjugate vaccines:
- (A) HbOC (HibTITER), PRP-T (ActHIB), or DTP/HbOC (TETRAMUNE): 2, 4, 6, & 12-15 Months
- (B) PRP-OMP (PedvaxHIB): 2, 4, & 12-15 Months

[5] ***See Measles policy to see how 2nd dose MMR is given in ADH local health units.***

[6] Can be given at either 11-12 years or 14-16 years of age.

NOTES

IMMUNIZATIONS FOR STAFF

Safe vaccines are available to protect against many diseases. It is recommended that all child care staff have immunity to the following diseases: Diphtheria, tetanus, measles, mumps, rubella, and polio. (Infants and toddlers may shed polio virus in stool for 4-6 weeks after being immunized with oral polio vaccine. Child care workers may be exposed to this virus while diapering. Child care providers who are immunocompromised should not diaper children who recently received oral polio vaccine.)

Immunity may come in the form of the person being exposed to the illness (natural immunity) or in the form of an immunization (passive immunity). Adults need boosters of tetanus-diphtheria vaccine every 10 years. Influenza (flu) vaccine given yearly is also advisable.

GUIDE FOR MEASLES IMMUNIZATION

Adults born before 1957 are generally considered naturally immune to measles and usually do not need to be vaccinated. Adults born in 1957, or after, should check their health records to see if they were **both**:

1) immunized in 1968 or later, ***and***
2) immunized after their first birthday, with live measles vaccine.

If not both of the above, they need to be immunized.

Adults born before 1957 are generally considered naturally immune to rubella (German Measles) and usually do not need to be vaccinated. Adults born **in 1957, or after**, should check their health records to see if they were:

- immunized **after** 6-1-69, and **after** their first birthday with live Rubella vaccine.

Vaccination would not be necessary for those who have had measles. If you're not sure if you've had measles, or were vaccinated, there is no harm in receiving a repeat vaccination.

Employees with a positive Rubella titer need not be immunized.

REGULATIONS FOR REPORTING COMMUNICABLE DISEASE BY CHILD CARE CENTERS

Child care centers are required to report certain communicable diseases because these diseases are of special importance in child care settings and control measures are often carried out in the center.

Medical personnel are already required to report these conditions. However, it is well documented that reports from these sources are not complete. The purpose of requiring reporting from child care centers is to improve reporting and help ensure that proper control measures are carried out in a timely manner. Reports are encouraged. **When in doubt, report.**

In addition to helping to protect the health of staff, attendees and their families, these reporting regulations give legal protection to child care centers that do report.

The following are communicable disease conditions that affect child care centers and must be reported to the Arkansas Department of Health by calling **1-800-482-8888**. (A report to your local health department would also be appreciated.)

HEPATITIS

BACKGROUND: Hepatitis A frequently causes outbreaks in child care centers. However, the main evidence of such outbreaks is the occurrence of disease in staff, older children in the center or older household members of attendees (especially attendees who still wear diapers.) If the health department determines that an outbreak may be occurring, immune globulin is generally given to all attendees and staff.

REQUIREMENT: Report all cases of hepatitis (regardless of type if known) that occur in staff, attendees, or members of the household of attendees.

NOTE: Because the diagnosis of the type of hepatitis may be inaccurate or determination of the type can be delayed, all cases of hepatitis must be reported.

MENINGITIS

BACKGROUND: A single case of meningococcal meningitis or 1 or 2 cases of H. influenzae meningitis occurring in an attendee or staff member frequently results in prophylactic antibiotics being recommended for part or all the attendees and staff.

REQUIREMENT: Report all cases of meningitis (regardless of type if known) that occur in attendees or staff. In addition, report all severe infections caused by Haemophilus influenzae type b or the meningococcus.

NOTE: Because the diagnosis of the type of meningitis may be inaccurate or determination of the type can be delayed, all cases of meningitis must be reported.

PERTUSSIS (WHOOPING COUGH)

BACKGROUND: Pertussis still occurs, generally caught from older siblings and adults who have mild disease. The pertussis organism is very infectious. The DTP vaccine is partially protective, but only after 3 doses. Thus children less than 7 months old are at high risk of contracting pertussis. If they do, they run a high risk of severe complications and even death.

REQUIREMENT: Report all cases of pertussis (whooping cough).

FEBRILE RASHES

BACKGROUND: Measles can be a severe illness causing hospitalization and even death in children, especially children less than one year of age. Measles virus is very infectious. MMR vaccine is not routinely given until age 15 months. A high percentage of children between 6 and 15 months of age are susceptible. If the health department determines that an attendee may have measles, vaccine or immune globulin is generally given to all attendees and staff.

REQUIREMENT: Report all cases with a generalized rash and fever, or measles or rubella in staff, attendees, or household members of attendees.

NOTE: The cause of a febrile rash is often difficult to determine and confirmation is delayed beyond the time when public health action should be taken. Therefore, all febrile rashes should be reported so that the health department can determine what action to take.

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DIARRHEA

BACKGROUND: Shigella spreads easily in day care centers from one person to another. It can cause severe illness with seizures or hospitalization for dehydration. Health department personnel can coordinate control through recomendations and culturing of attendees and staff.

Giardia can cause chronic diarrhea and spreads person to person. Salmonella and campylobacter can cause severe diarrhea. This bacteria is generally spread through food.

REQUIREMENT: Report all cases of bloody diarrhea, hospitalization for diarrhea, diarrhea accompanied by fever, shingella, salmonella, campylobacter, giardia, and amebiasis and all suspected outbreaks of diarrhea.

TUBERCULOSIS, DIPHTHERIA, MUMPS

BACKGROUND: Tuberculosis and diphtheria rarely occur in child care centers. However, they could spread and there are control measures. Mumps can also spread in day care centers. Reports would help determine the adequacy of mumps control.

REQUIREMENT: Report all cases of tuberculosis, diphtheria, and mumps in staff, attendees or household members of attendees.

UNUSUAL OUTBREAKS OF DISEASE

REQUIREMENT: Report any unusual outbreak of disease.

example: Six children sent home from day care with rash.

or

Parent calls to report that his child has meningitis and will not be in day care for a while.

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DISEASES THAT CAN BE PREVENTED BY VACCINATION

Before vaccines were available, measles, mumps, rubella, diphtheria, pertussis, tetanus, polio and Haemophilus influenza type b were common.

Every year thousands of children suffered permanent disabilities or died as a result of these diseases. Now, however, the diseases can be prevented. It is extremely important that all children and day care staff be immunized against them.

Some simple rules to prevent the spread of all vaccine-preventable diseases are:

- Keep immunization records of all children attending the day care up-to-date.

- All children and staff members attending the day care facility should be up-to-date with their immunizations (see immunization chart, pages 28-29).

- Immediately refer any possible case of vaccine-preventable disease to a physician.

- **It is very important that you notify the health department if a case of measles, mumps, rubella, diphtheria, tetanus, pertussis or polio occurs in your center. They will provide directions and assistance regarding the disease. Call toll free 1-800-482-8888.**

- Always follow the recommendations of the health department and the children's physicians regarding exclusion and treatment of children.

DIPHTHERIA

What is it?

Diptheria is a severe bacterial infection of the nose and throat. Immunization has virtually eliminated the disease. **If Diphtheria is suspected, *Immediately* contact the health department for assistance and guidance**.

How Does It Spread?

Through droplets from infected individuals. Diphtheria occurs primarily among non-immunized or inadequately immunized people. Diphtheria can also be spread by people who have the bacteria but do not have the symptoms.

What are the Symptoms?

Diphtheria causes a sore throat, slight fever, swollen tonsils with grayish patches and swollen neck glands. Sometimes the infection leads to severe throat swelling that can block breathing. If diphtheria is not treated, it can lead to complications such as paralysis, heart failure or pneumonia.

What is the Incubation Period?

2-6 days.

What is the Period of Communicability?

From several days to several weeks. If not treated, it can be spread for as long as 2-7 weeks.

How Can I Prevent or Control the Spread of the Infection?

- Keep immunization records of every child attending the day care up-to-date.

- **Every child and staff member at the day care should be required to be up-to-date with immunization against diphtheria**. (See immunization chart, pages 28-29.)

- Immediately refer any possible case of diphtheria in your facility to a physician.

- **Notify the health department if there is a suspected case of diphtheria.**

- All children and staff should be observed for sore throats for 7 days following diagnosis of a diphtheria case.

- Incompletely immunized children should see a physician and be temporarily excluded from the day care facility until the situation can be discussed with the health department.
- Children with severe immune deficiencies should be excluded from the day care until heatlh officials or a physician has determined that the infection poses no risk to the immunocompromised child.

PERTUSSIS

What is it?

Pertussis (whooping cough) is a very contagious, potentially life-threatening respiratory disease. It causes the airways to become blocked with mucus. In the United States, more than 75 percent of reported pertussis cases occur in children younger than 5 years.

How is it spread?

By respiratory droplets that are expelled from coughing and sneezing.

What are the symptoms?

Pertussis begins with cold symptoms which usually last 1-2 weeks and then develops into repeated attacks of coughing which can interfere with eating, drinking and breathing. These coughing spells end in a high-pitched "whoop" as air is taken in. This stage of coughing usually lasts 1-4 weeks. During the severe coughing stage, seizures or even death can occur, due to the lack of oxygen supply. Duration of the illness is about 6-10 weeks.

What is the incubation period?

1-2 weeks.

What is the period of communicability?

Pertussis is most contagious during the stage before the severe coughing and remains contagious until 3 weeks after the coughing begins. Those treated with antibiotics are contagious for only 5-7 days after treatment begins. Pertussis is very contagious, and the attack rate has approached 100% in susceptible household contacts.
Pertussis occurs year round, with attacks peaking in late summer and early fall.

How can I prevent or control the spread of the disease?

- Keep immunization records of every child attending the day care up-to-date.

- **Every child attending day care should be required to be up-to-date with immunizations against pertussis. (See immunization chart, pages 28-29.)**
- Refer any possible case of pertussis to a physician.
- **Notify the health department if there is a suspected case of pertussis.**
- Notify parents of children attending day care if a child is diagnosed with pertussis.
- Children with pertussis, if their medical condition allows, may return or enter a child care facility 5 days after initiation of appropriate antibiotic therapy.
- Inadequately immunized children should be excluded from day care.
- For 2 weeks, be especially alert for coughs in other children. Children who develop a cough should be sent home until diagnosed by a physician.

TETANUS

What is it?

Tetanus (also called 'lockjaw") is a rare, serious bacterial infection. The bacteria live in soil, dust, animal feces, and rusty metal. They enter the body through cuts or wounds and produce a poisonous substance that affects the nervous system. This causes the muscles of the body to go into spasms. Tetanus is preventable if the person has the recommended immunizations and gets a booster every 10 years. (A person should have received a booster within 5 years of an injury.)

How is it spread?

Teatnus occurs almost exclusively in non-immunized or inadequately immunized persons. Tetanus spreads when a person comes into contact with contaminated soil, dust, animal feces, or rusty metal.

What are the symptoms?

The first symptoms are usually headache, irritability and muscular stiffness in the jaw and neck. Tetanus can cause painful muscle spasms, paralysis or even death. Muscle spasms which affect the entire body including the jaw muscles make swallowing and breathing difficult.

What is the incubation period?

Approximately 3 days to 3 weeks; average of 8 days.

What is the period of communicability?

Tetanus cannot be spread from person to person.

How can I prevent or control the spread of the disease?

- Keep immunization records on every child attending the day care up-to-date.
- **Every child attending day care should be required to be up-to-date with immunizations against tetanus. (See Immunization chart, pages 28-29.)**
- Refer any possible case of tetanus to a physician.
- **Report any case of tetanus to the health department.**
- Exclude children with tetanus until they have recovered.
- Be sure all cuts, scrapes and puncture wounds are cleaned well with soap and water.

MEASLES

NOTE: *All children should receive MMR immunization at 12-15 months of age. This protects them from Measles ("hard", "red", "10-day Measles","rubeola") Mumps and Rubella ("German or 3-day Measles").*

What is it?

Measles ("rubeola,"hard," "red," or "7-day" measles) is one of the most serious viral infections of childhood. Among people who are not immunized, measles is one of the most easily spread childhood diseases. Before measles vaccine was available, there were hundreds of thousands of cases and hundreds of deaths each year. However, if children are not vaccinated, they have a high risk of getting measles, either in childhood or later in life.

How is it Spread?

Direct contact with infectious droplets, or less commonly, by airborne spread.

What are the symptoms?

Measles begins with symptoms similar to those of a common cold — runny nose, watery eyes and a high fever. A brownish-red rash usually begins 3-4 days later on the face and spreads down the body. The rash usually lasts 4-7 days. The child is usually ill 1-2 weeks. Sometimes measles can cause ear infections, pneumonia or encephalitis (inflamation of the brain). This can lead to convulsions, deafness or mental retardation. Measles can also cause miscarriages or premature delivery in pregnant women.

What is the incubation period?

10-14 days.

What is the period of communicability?

Measles is contagious from 3-4 days before the onset of cold-like symptoms until 4 days after appearance of the rash.

How can I prevent or control the spread of the infection?

- Keep immunization records of every child attending the day care up-to-date.
- Every child attending day care should be required to be up-to-date with immunizations against measles. (See immunization chart,pages 28-29.)
- Refer any possible case of measles to a physician.
- Notify the health department - **IMMEDIATELY -** if there is a suspected case of measles.
- ***Always*** follow the recommendations of the health department and the children's physicians reguarding exclusion and treatment of children.

MUMPS

What is it?

Mumps is an infectious childhood disease, mostly affecting children over 2 years old. It is a very contagious viral illness that can be prevented through proper immunization.

How is it spread?

Respiratory droplets spread by sneezing, coughing or any activity that causes droplets to spread in the air.

What are the symptoms?

Common symptoms are fever, headache, swelling and tenderness in the salivary glands (which causes both sides of the face below the ears and beneath the chin to swell). The swelling can cause pain when swallowing and dry mouth. Possible complications include inflammation of the brain (meningitis), deafness and miscarriage if infection occurs during the first trimester of pregnancy.

What is the incubation period?

14-21 days.

What is the period of communicability?

Mumps is contagious about 7 days before swelling begins, until swelling subsides. The disease is most infectious 48 hours before onset of symptoms, but can be spread a week or more before and after symptoms begin.

How can I prevent or control the spread of the infection?

- Keep immunization records of every child attending the day care up -to-date.
- Every child attending day care should be required to be up-to-date with immunizations against mumps. (See immunization chart, pages 28-29.)
- Refer any possible case of mumps to a physician.
- Notify the health department if there is a suspected case of mumps. Follow health department reccommendations.
- Children with mumps should be excluded from day care until 9 days after the onset of swelling or until swelling has subsided.
- If any child is not protected against mumps, contact his or her physician as soon as possible to have the child immunized.
- If additional children develop fever or swollen glands, advise parents to keep them home and consult a physician for a diagnosis.
- The mumps vaccine is very effective and produces long-lasting protection (probably lifelong).

RUBELLA

What is it?

Rubella ("German" or "3-day" measles) is a mild viral illness that can be prevented by immunization.

How does it spread?

Through respiratory secretions spread by sneezing or coughing, and by direct contact with infected nasal or oral secretions.

What are the symptoms?

In children, rubella may cause a rash, low fever and swollen glands at the back of the neck. The sickness usually lasts about 3 days. The rash is usually flat and red. It begins behind the ears and spreads to the rest of the body over the next 24 hours. Adults usually have a more serious illness than children. If a pregnant woman becomes infected, her developing fetus can also become infected, resulting in stillbirth, miscarriage, or serious birth defects.

What is the incubation period?

2-3 weeks.

What is the period of communicability?

From 1 week before the appearance of the rash until disappearance of the rash.

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How can I prevent or control the spread of the infection?

- Keep accurate immunization records of all children who attend the day care.
- Every child attending day care should be required to be up-to-date with immunizations against rubella. (See immunization chart, pages 28-29.)
- Notify the health department if there is a suspected case of rubella. Follow health department reccommendations.
- Exclude the infected children 7 days after the rash appears.
- Inadequately immunized children should be excluded from the day care.
- If additional children develop rash, fever and swollen glands, tell the parents to keep them home and notify their physicians.
- Any pregnant staff members should see their physicians if a rubella case is suspected.
- Be careful about good hygiene.
- The rubella vaccine is highly effective and produces long-lasting protection (usually lifelong).
- All staff members should be immunized against rubella before starting to work. (Women should not receive the vaccine if they are pregnant or might become pregnant within 3 months.)

POLIO

What is it?

Poliomyelitis (Polio) is a contagious viral infection of the spinal cord and nerves that can cause permanent paralysis and occasionally death in non-immunized adults and children.

How does it spread?

Direct contact with respiratory droplets and stool from the infected person. Many people who are infected by the polio virus have no symptoms but may still spread the infection to others. Staff members who are not immunized and who change diapers of recently immunized children may be exposed to polio through the children's urine.

What are the symptoms?

Mild forms of polio cause high fever, sore throat, nausea, headache, stomach ache and pain and stiffness in the neck, back and legs. Paralytic polio begins with the same symptoms, but severe muscle pain is usually present and paralysis occurs within the first week. Paralysis usually occurs in the lower limbs or in the chest, causing loss of breath, and eventually death.

What is the incubation period?

Mild — 3-6 days. Paralytic polio — 7-21 days.

What is the period of communicability?

Polio is most infectious shortly before and after the onset of symptoms.

How can I prevent or control the spread of the disease?

- Keep immunization records of every child attending the day care up -to-date.
- Every child attending day care should be required to be up-to-date with immunizations against polio. (See immunization chart, pages 28-29.)
- Refer any possible case of polio to a physician.
- Notify the health department if there is a suspected case of polio. Follow health department reccommendations.
- Exclude children or staff who have polio for 1 week from onset of the disease or until the fever is gone.
- There is no specific treatment for polio, thus the need for the immunization.
- Notify all parents and staff if a case of polio occurs.

HAEMOPHILUS INFLUENZA TYPE b

What is it?

Haemophilus influenza type b (HIB) is a bacteria that causes meningitis. It is most common in children 3 months to 3 years old. More than half of HIB cases occur in infants 6-12 months old. Thus, preschool children are at the highest risk for the disease. Numerous clusters of cases of HIB have been reported in day care facilities. In addition, HIB is responsible for cases of septicemia (a bloodstream infection), epiglottis (infection of the upper throat), pneumonia (infection of the lung), arthritis (infection of the joints), and cellulitis (infection of the deep skin tissues).

How does it spread?

By respiratory droplets from infected individuals. Some healthy people carry the bacteria in their nose or throat without becoming ill. Both sick people and carriers may spread the bacteria to other persons who may then become ill.

What are the symptoms?

The symptoms of HIB are related to the specific disease that HIB causes. The following are some of the symptoms to look for when an HIB infection has possibly occurred.

Meningitis:	sleepiness, fever, stiff neck, vomiting, headache, irritability.
Cellulitis:	tender, rapid swelling of the skin.
Epiglottitis	fever, trouble swallowing, tiredness, difficult and rapid breathing.
Pneumonia:	fever, cough.
Arthritis:	swelling, redness and aching of the joints.
Septicemia:	fever, chills, irritability.

What is the incubation period?

Probably less than 10 days.

What is the period of communicability?

Unknown. May be as long as the infectious organism is present.

How can I prevent or control the spread of the disease?

- Keep accurate immunization records of all children who attend the day care up-to-date.
- It is highly recommended that all children 2 months old start the HIB vaccine series. (See immunization chart, pages 28-29.)
- Notify the health department if HIB illness develops. Follow health department recommendations and the children's physicians reguarding exclusion and treatment of children.

REYE SYNDROME

What is it?

Reye Syndrome is a childhood disorder characterized by vomiting, disorientation and progressive loss of consciousness. It may occur shortly after a viral illness such as influenza or chicken pox and influenza illnesses.

How does it spread?

The exact process is unknown but Reye Syndrome does not seem to spread from person to person.

What are the symptoms?

Vomiting, sleepiness, disorientation, agitation, and potentially coma and death are some symptoms of Reye Syndrome.

How can I prevent or control the spread of the disease?

- Do not give any child aspirin until you have discussed it with the physician.
- Call the child's physician or emergency room immediately if symptoms of vomiting and altered consciousness occur. Fast action is required to prevent any complications.

NUTRITION

Infants and children, as well as adults, need to eat a balanced diet to grow properly and stay healthy. No one food contains all the nutrients needed in the amounts needed so a variety is needed. A balanced diet includes:

- Fruits
- Vegetables
- Cereals and grains
- Dairy foods including milk
- Protein foods: meat, poultry, fish, beans, and eggs

The toddler and preschool years are an important time for children to develop good eating habits that last a lifetime.

Foods which may cause choking

- hot dogs
- hard candy
- popcorn
- raw vegetables and fruits (including carrots, cerery)
- grapes
- seeds
- corn
- peanut butter
- raisins
- pickles
- nuts
- olives
- thick, sticky cheese foods

Don't offer these foods to children under 4 years old.

FEEDING INFANTS (BIRTH - 1 YEAR)

Infants should get breast milk for at least the first year of life. Now we recommend that infants under 4-6 months of age do not eat solids (including juices and cereals). Here are some of the reasons why infants under 4-6 months should not eat solids:

- Breast milk (or formula) meets all of their nutritional needs.
- Babies under 4-6 months do not have mouth, tongue or head control needed to swallow foods safely. Infants under 4 months will directly swallow cereal or any solid food without chewing. They are more likely to choke on solids swallowed this way.
- Young infants may have trouble digesting solid foods.
- Early introduction to solid foods may contribute to food allergies because of the immature intestinal system.
- Solids are more filling and infants don't drink as much breast milk or formula, therefore they don't get all the needed nutrients in the breast milk or formula.

- Solid foods will not help babies sleep through the night. They sleep through the night when their bodies and nervous systems mature and are ready to sleep more hours.

Many people have different ideas about infant feeding. Child care providers should follow parents' guidelines for feeding their children. If you feel uncomfortable with how parents are feeding their children, talk to them about it and call the nutrition information resource listed on page ii at the front of this book.

INTRODUCING FOODS

BIRTH	Breast milk or Iron Fortified infant formula through out the first year.	Breast milk meets all of the infant's nutritional needs until 4-6 months.
4-6 MONTHS	Infant cereal Rice, oatmeal, or barley Feed by a spoon	Introduce iron-fortified infant cereal, using single grains, starting with rice cereal first. Mix wit Iron fortified infant formula or breast milk and feed from a spoon. Don't put cereal or other solids in the baby's bottle. Introduce one new food at a time. Allow a week for each new food. Watch for problems that may be allergy related, such as diarrhea, gas, intestinal discomfort, constipation, hives, rashes, or excessive spitting up.
6-8 MONTHS	Vegetables and fruits, strained/blended. Fruit Juice from a cup.	Introduce juice (non-citrus) from a cup. Offer fruit and vegetables the family typically eats (strained/blended). The purpose of introducing foods at this time is to expose the infant to new flavors and textures. Offer the new food in the morning or early afternoon. Begin with just 1-2 tsp. of a new food. Place a small amount of the food on a small spoon and place midway back on the infant's tongue (not too far back or the baby may choke). Never force an infant to eat. If they don't like a food, don't push it. Try it again in a few weeks.

APPLE SAUCE

6-10 MONTHS

Protein foods. Cottage cheese, yogurt; strained meats, chicken, fish, beans; egg yolk
Other infant cereals. Wheat, mixed grains
Mashed fruits and vegetables.
Begin offering finger foods at 9 months. Toast squares; Cheerios, Kix, Toasted Oat Rings; cooked vegetables; peeled, soft fruit wedges or slices; small tender pieces of meat.

Begin offering small amounts of strained meats, increasing the amount gradually. Do not leave a child alone with finger foods- these may cause choking. See list of foods that cause choking at the front of this section.

Give egg yolks at 8-9 months.

10-12 MONTHS

Food from family table (feeds self).
Cooked vegetables and soft pieces of fruit.
Cereal, breads.
Cooked beans.
Small pieces of fish, meats, chicken.
Mild cheese.
Casseroles.

Babies will start feeding themselves by picking up food with their fingers. Expect the baby to be very messy during this stage.

ONE YEAR

Can drink whole milk from cup (buy Vitamin D fortified).
Whole egg (yolk only before 1 year of age).

The first year of life is a period of rapid growth. You may notice the baby's appetite drops off at this time. He/she may seem to have many likes and dislikes. Offer small amounts of a variety of good foods. Do not force a child to eat more than wanted. Remember that all babies are different and, like adults, they differ in how much they will eat.

***special note:**

Honey should never be given to infants under one year of age. It can lead to a very serious disease, infant botulism, that can even be fatal. Avoid honey in any form during the baby's first year. Honey is all right for children over the age of one and adults.

Guidelines For How Much To Feed Children Ages 1-5

Suggested Daily Food Plan and Serving Portions (Using USDA-CCFPP Guidelines)

Breakfast	**1-2 Years**	**3-5 Years**
Milk (fluid)	1/2 cup	3/4 cup
Juice (full strength) or fruit or vegetable	1/4 cup	1/2 cup
Cereal and/or bread		
(enriched or whole grain)		
bread	1/2 slice	1/2 slice
cereal		
Cold/dry or	1/4 cup	1/3 cup
Hot/cooked	1/4 cup	1/4 cup
Lunch or Supper		
Milk (fluid)	1/2 cup	3/4 cup
Lean meat* or meat alternate		
Lean meat*, fish, or poultry		
(lean meat* without bone)	1 oz	1 1/2 oz
or cheese	1 oz	1 1/2 oz
or eggs	1 egg	1 egg
or peanut butter(smooth)	2 tbsps	3 tbsps
or nuts and/or seeds **	1/2 oz**	3/4 oz**
Supplement (Snack) Select two of the four components (Mid morning or midafternoon supplement)		
Milk, fluid	1/2 cup	1/2 cup
Lean meat* or meat alternate	1/2 oz	1/2 oz
(see above) or yogurt	1/4 cup	1/4 cup
Juice or fruit or vegetable	1/2 cup	1/2 cup
Bread and/or cereal		
(whole-grain or enriched)		
Bread	1/2 slice	1/2 slice
Cereal		
Cold/dry or	1/4 cup	1/3 cup
Hot/cooked	1/4 cup	1/4 cup

[*] Lean meat is beef, pork, or veal without visible fat. Luncheon meats and frankfurters are high in fat and are not considered lean meat.

[**] This portion can meet only one-half of the total serving of the meat/meat alternate requirement for lunch or supper. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement. For determining combinations, 1 ounce of nuts or seeds is equal to 1 ounce of cooked lean meat, poultry, or fish. **Caution:** Children under 5 are at the highest risk of choking. Any nuts and/or seeds must be served to them in a prepared food and be ground or finely chopped.

SOURCE: Caring For Our Children; National Health and Safety Performance Standards: Guidelines for Out of Home ChildCare Programs. American Public Health Assoc, and American Academy of Pediatrics, 1992.

Food Allergies

Special attention must be paid to children with food allergies. It is important that written instructions for foods to avoid and appropriate substitutes are posted for children with food allergies. On page 49, you will find a sample form to use for this purpose.

VITAMIN SOURCES

Sources fo Vitamin A

Best Sources	Good Sources	OK Sources
carrot		
liver	apricot	mandarin oranges
pumpkin	broccoli	peaches
sweet potatoes	cantaloupe	tomato
winter squash	dark green lettuce	tomato soup
whole milk products	greens	tomato sauce
	mango	
	mixed vegetables	
	peas and carrots	
	spinach	
	tomato paste	

Sources fo Vitamin C

Best Sources	Good Sources	OK Sources
broccoli, 3T		
brussel sprouts, 1-2	asparagus	blueberries
cantaloupe	blackberries	cherries
cauliflower	bok choy	peas and carrots
chinese pea pods	cabbage	watermelon
cran. juice cocktail	greens (collard	
grapefruit or juice	mustard or turnip)	
kale	honeydew melon	
kiwi, 1/4	pineapple fruit or juice	
kohlrabi	raspberries	
lemon 1/2	peas	
mandarin oranges	potatoes, baked	
mango	spinach	
orange or juice	sweet potato, baked	
papaya	swiss chard	
strawberries	tomato	
sweet peppers	tomato sauce	
tangerine	turnip	
vegetable juice cocktail		

Sources of Iron

Best Sources	Good Sources	OK Sources
oysters	beef	beet greens
liver	cereal*	bran muffin
blackstrap molasses	cooked, dry beans**	enriched rice or noodles
	egg	chard
	gingerbread	hot dog
	peanut butter	lentils
	peanuts	peas
	pork	poultry
	spinach	prunes, dried
	tofu	prune juice
	tuna	raisins
		tahini
		tortilla

* some cold cereals are fortified with iron, making them excellent iron sources. Read the label to determine which cereals are iron fortified.

** Remember to combine non-meat sources of iron with vitamin C foods to increase the absorption of iron from the meal.

THERAPEUTIC DIET MODIFICATION & ALLERGY STATEMENT

SAMPLE FORM

THERAPEUTIC DIET MODIFICATION AND ALLERGY STATEMENT	
CHILD'S NAME	PARENT'S NAME
SIGNATURE OF PARENT (FOR PERMISSION TO RELEASE INFORMATION)	
NATURE OF THERAPEUTIC DIETARY MODIFICATION	
NATURE OF ALLERGY	
FOODS CHILD IS ALLERGIC TO	SUBSTITUTE FOODS
HEALTH CARE PROVIDER NAME AND ADDRESS	
HEALTH CARE PROVIDER SIGNATURE	DATE

The 5 A DAY FOR BETTER HEALTH CAMPAIGN

A multifaceted, multimedia public education partnership between health organizations, government, and the grocery and produce industries.

Goal: To have Americans eat at least five servings of fruits and vegetables a day.

The National Academy of Sciences, the U.S. Department of Agriculture, and the Department of Health and Human Services have determined that a minimum of five servings of fruits and vegetables per day are needed to maintain good health. Eating at least five fruits and vegetables a day should improve health by reducing the risk of cancer, heart disease, obesity, and other maladies.

Serving consists of :

1 medium piece of fruit

1/2 cup of fruit or cooked vegetables

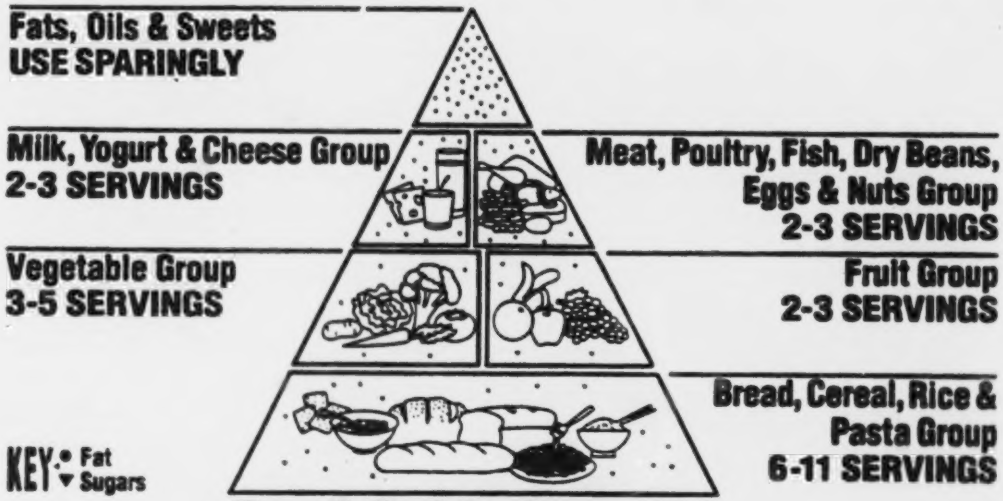
1 cup of raw leafy vegetables (i.e. lettuce)

1/4 cup of dried fruit, or 6 ounces of juice

Fruits and vegetables are an important component of a healthy diet that is low in fat and high in fiber

Fruits and vegetables can help reduce your risk of cancer because they are low in fat, and many are rich sources of vitamin A, vitamin C, and fiber.

Eating fruits and vegetables can help prevent heart disease by contributing to a diet that is low in fat, saturated fat, and cholesterol and high in fiber.


Fats, Oils & Sweets
USE SPARINGLY
Milk, Yogurt & Cheese Group
2-3 SERVINGS
Meat, Poultry, Fish, Dry Beans, Eggs & Nuts Group
2-3 SERVINGS
Vegetable Group
3-5 SERVINGS
Fruit Group
2-3 SERVINGS
Bread, Cereal, Rice & Pasta Group
6-11 SERVINGS
KEY: ● Fat
▼ Sugars

Food Guide Pyramid
A Guide to Daily Food Choices

How To Use The Daily Food Guide Pyramid
What Counts As One Serving?

Breads, Cereals, Rice and Pasta
1 slice of bread
1/2 cup of cooked rice or pasta
1/2 cup of cooked cereal
1 ounce of ready to eat cereal

Vegetables
1/2 cup of chopped raw or cooked vegetables
1 cup of leafy raw vegetables

Milk, Yogurt and Cheese
1/2 cup of milk or yogurt
1 - 1/2 to 2 ounces of cheese

Fruits
1 piece of fruit or melon wedge
3/4 cup of juice
1/2 cup of canned fruit
1/4 cup of dried fruit

Meat, Poultry, Fish, Dry Beans, Eggs and Nuts
2 - 1/2 to 3 ounces of cooked lean meat, poultry or fish
Count 1/2 cup of cooked beans,
or one egg, or 2 tablespoons of peanut butter as
1 ounce of lean meat (about 1/3 serving).

Fats, Oils and Sweets
LIMIT CALORIES FROM THESE
especially if you need to lose weight.

**The amount you eat may be more than one serving.
For example, a dinner portion of spaghetti would count as two or three servings of pasta.**

WIC

The purpose of the Arkansas WIC Program (Special Supplemental Food Program for Women, Infants, and Children) is to improve the nutrition of eligible pregnant, breastfeeding and postpartum women, infants and young children during periods of critical growth. The Program provides food instruments (vouchers) for specific foods that participants redeem at local grocery stores. **WIC** also provides nutrition education, and referral to other services.

Pregnant, breastfeeding and postpartum women, infants and children under age five are eligible for WIC if they:

- **live in Arkansas.** There is no waiting period to meet the residency requirement.
- **meet income guidelines.** These guidelines are set at 185% of poverty. The table on the next page gives monthly family income limits effective April 1, 1993. Applicants must report their income. Recipients of Medicaid, AFDC and/or Food Stamps are automatically income eligible for WIC. Documentation of current eligibility for one of these programs is sufficient proof of income eligibility.
- **are nutritionally eligible.** Conditions such as anemia; certain medical disorders; weight (underweight, overweight, pattern of gain or loss, weight in relation to height, etc.); number and frequency of pregnancies; and inadequate diet are some of the the factors considered in a nutritional assessment. This assessment is performed by a nurse, nutritionist or physician in the Local (County) Health Unit.

FOODS PROVIDED TO CHILDREN AND WOMEN

- MILK & CHEESE
- JUICE
- IRON-FORTIFIED CEREAL
- EGGS
- DRIED BEANS, PEAS, or PEANUT BUTTER
  (Peanut butter is not for postpartum women)

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FOODS PROVIDED TO INFANTS

- SPECIAL FOOD PACKAGES FOR BREAST FEEDING MOTHERS OR IRON-FORTIFIED INFANT FORMULA
- JUICE
- INFANT CEREAL

WIC is available in every Arkansas county at the Local (County) Health Units, Satellite Clinics or Mobile Health Units.

WIC is funded by USDA, Food and Nutrition Service and administered by the Arkansas Department of Health. The Arkansas WIC Program serves eligible applicants without regard to race, color, national origin, age, sex, or disability.

If you would like brochures or posters to inform others about WIC, call (501) 661-2473.

For more information about locations or more recent income guidelines - CALL 1-800-235-0002

TABLE OF INCOME LIMITS
Arkansas WIC Program - Effective April 1, 1993

Family/Household Size	1	2	3	4	5
Monthly Gross Income	$1135	$1517	$1900	$2282	$2664

(Add $383 per month for each additional family member.)

DENTAL HEALTH

NORMAL DENTAL HEALTH

The lower two front teeth usually come in at about 6 months of age, although this may vary from 3-12 months. All the baby teeth (20 primary teeth) will be in by 2-3 years of age. Even though baby teeth are replaced by permanent teeth, they are very important to children's appearance, for eating and speaking properly and, most importantly, they act as guideposts (markers) for proper eruption of permanent teeth.
We often blame teething for illness caused by other health problems. Teething is normal but can cause some discomfort and fussiness.

DENTAL CARE FOR SMALL CHILDREN

Clean teeth with a clean washcloth or a small soft toothbrush as soon as the teeth come in. Children in child care should be provided with individual toothbrushes and given time after at least one meal to brush their teeth. Use a fluoridated toothpaste and place a "pea" sized amount on the brush.

If it is not possible to brush after eating, have children rinse out their mouths with water. Rinsing with water helps to clean decay-causing foods from the mouth.

Children should first visit the dentist between the ages of two and three, and regularly thereafter. However, if a child has any problems in the mouth, a dentist should be seen sooner.

CARE OF TOOTH BRUSHES

When individual toothbrushes are used in child care, precautions must be taken to decrease the risk of spreading disease by improper storage. Do not store toothbrushes in a single container. Individual hooks spaced apart are an acceptable means for storing toothbrushes. Wash brushes daily either by hand with soap and water, or in a dishwasher. Be sure to rinse thoroughly.

TOOTH DECAY/CAVITIES

Small children can easily get tooth decay (cavities). Soft or fruit drinks, candy, baby formulas and even "health" foods such as raisins and granola bars can cause tooth decay. Foods most likely to cause tooth decay are ones which are starchy or contain sugar and stick to teeth and gums (like soft candy or raisins).

Teeth decay because bacteria in plaque (which can build up on teeth) use food (left on teeth and gums), and make acid which breaks down the tooth's enamel.

Ways to Prevent Tooth Decay

- Limit frequent snacking, especially on foods high in sugar, dried fruits, and crackers.
- Daily brushing and flossing.
- Use fluoride toothpaste.

BABY BOTTLE TOOTH DECAY

This is a severe form of decay of the primary teeth of infants and toddlers. Sometimes, infants or young children who are allowed to suck excessively on a nursing bottle or sweetened pacifier develop a condition called "Baby Bottle Tooth Decay", or "Nursing Bottle Mouth".

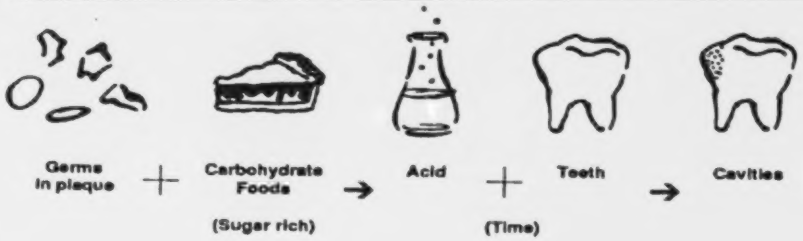
Baby Bottle Tooth Decay is painful and can destroy the teeth of young children. The teeth most likely to be damaged are the upper front teeth, the ones that make a difference when a child smiles. The damage can begin shortly after the teeth have erupted.

Children can get Baby Bottle Tooth Decay by:

1. Prolonged use of a bottle containing anything but water; such as cow's milk, formula, fruit juice, sweetened water, jello water, or soda pop. This is true especially at bed or nap time, or during the day if the child uses the bottle as a pacifier, walking around with a bottle or sitting playing with a bottle.

2. Use of sweetened pacifier. Pacifiers should not be dipped in any kind of sweetened syrup or liquid.

HOW DOES IT HAPPEN?



Baby Bottle Tooth Decay Can Cause:

- Pain, tooth ache.
- Cavities, abscessed teeth.
- Loss of teeth.
- Crooked permanent teeth.
- Ear and speech problems.
- Possible emotional problems.

Children with Baby Bottle Tooth Decay may require special hospital care to have their teeth treated.

PREVENTION

How to Prevent Baby Bottle Tooth Decay

- Never allow children to fall asleep with a bottle that contains anything but water, e.g., milk, formula, fruit juice, or any sweet liquid.

- Do not let children walk around or sit with a bottle during the day. If a child needs to suck, offer a pacifier, not a bottle.

- Bottles should be used only to feed infants formula or water. Children old enough to drink juice should drink it from a cup.

Trade the bottle for a cup by one year of age. Begin teaching infants to drink from a cup at age 6-9 months. It may be messy, but it is worth the effort. Praise children and make it a sharing time. Children love learning a new skill. By age 12 months, children will prefer drinking from a cup.

HOW TO BREAK THE HABIT

If children have become attached to the bottle, it may be a difficult habit to break. Children may cry or fight giving up the bottle at bed or nap time, but this will usually only last a short time.

Here are some suggestions to discuss with parents:

- Dilute the liquid you usually put in the nap time bottle until there is only water.
- Use a clean pacifier. Do not dip the pacifier in honey, syrup, or anything sweet.
- You may involve an older child in deciding when to stop using the bottle.

Better yet, put children to bed without a bottle.
Here are some substitutes.

- Give a security blanket or a teddy bear.
- Sing or play music.
- Hold or rock the child.
- Give a back rub.
- Use a musical mobile.
- Read or tell a story.

Child care providers can help prevent Baby Bottle Tooth Decay.

PREPARING, HANDLING AND STORING FOOD

Preparing handling and storing food deserves special attention, because germs may be spread during these activities. Germs, such as bacteria and viruses, grow quickly in food. Food-borne illnesses can cause diarrhea, vomiting, fever and stomach pain. Food that is not properly cooked, cooled or stored can be a perfect place for germs to grow.

WHAT SHOULD I DO WHEN PURCHASING FOOD?

- Make sure food suppliers meet local, state and federal health codes.
- Purchase only meats and poultry that have passed federal inspection.
- Purchase only milk and milk products that are pasteurized.
- Examine all food when it is delivered.
- Make sure that the canned goods are not rusted, leaky or swollen. If they are, throw them away.
- If canned goods are dented at the can's rims or seam, do not use. Do not use home canned goods.

WHAT SHOULD I DO BEFORE PREPARING FOOD?

- Wash hands before, during, and after food preparation (and children's hands, if they are helping).
- Cover cuts and burns.
- Do not let people with infected cuts or sores, colds or other communicable disease prepare or serve the food.
- Wash the tops of canned goods before opening.
- Wash all raw fruits and vegetables thoroughly before using.
- Thaw frozen foods in the refrigerator or microwave, or run water over them.
- Thaw foods as part of the cooking process; allow extra cooking time.
- Never let food thaw at room temperature.
- Wash all work surfaces with soap and water and mild disinfectant before and after preparing foods.
- Scrub cutting boards with hot water and detergent and disinfect with a bleach solution of one tablespoon bleach per gallon of water.
- It is good to have two cutting boards; one for raw poultry and meats, and one for cooked foods and raw vegetables or fruits.
- When cutting boards develop deep cuts which cannot be cleaned and disinfected, they need to be replaced.

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- If children are going on an outing and taking their lunches, choose foods that do not spoil or take an ice chest to keep the food cool and safe. (**Remember,** foods should be kept hot or cold and spend as little time as possible at room temperature.)
- Plastic cutting boards are preferred.

WHAT SHOULD I DO WHILE PREPARING FOOD?

- When cooking meat, make sure it is cooked all the way through, the internal temperature should be:
    - Stuffing and poultry - minimum 165° (do not cook stuffing in poultry)
    - Pork - minimum 150°.
- Do not use the same spoon more than once if you taste the food.
- Wash hands, utensils and work surfaces after touching raw meat, poultry or eggs.
- Cover your mouth when coughing or sneezing; wash your hands immediately afterward.

Special note

Ground beef or anything containing ground beef should be cooked to an internal temperature of 155°.

WHAT SHOULD I DO AFTER PREPARING FOOD?

- Foods must be held at safe temperatures:
  Cold foods - 40° or below
  Hot foods - 140° or above
  Foods held at these temperatures may be re-used if heated to 165°.
- Throw out food that has been served, even though it may not have been eaten; the only exceptions are raw fruits that can be washed and packaged foods.
- Provide a serving utensil for each bowl.
- Thoroughly clean all dishes, utensils and work surfaces with soap and water and a mild disinfectant after each use.
- For day care homes, it is recommended that leftovers be used within 24 hours of original preparation.

HOW DO I STORE FOOD AND NON-FOOD ITEMS SAFELY?

- Rotate older cans of food to the front and use them first.
- Store food items separately from non-food items.
- Put leftover food in the refrigerator; allow for circulation.
- Store leftovers in well-covered containers above the fresh foods.
- Store raw products lower than other foods, since they have a higher capacity for growth of bacteria.
- Immediately freeze leftovers or use within 24 hours; otherwise, throw away.
- Do not use raw meat that has been refrigerated more than two days.

- Do not refrigerate raw poultry, fish or ground meat more than two days.
- Check flour, oatmeal and cornmeal for pests (especially during the summer months); these products can be refrigerated to keep the insects away.
- Store unrefrigerated foods in metal, glass or plastic containers.
- Store dry items in an area that is about 50° to 70° F. and moisture free.
- Containers of food should be stored at least six inches above the floor.
- Do not store food under the sink.
- Do not store food in cupboards next to the stove; the heat dries up foods and encourages insect infestation.
- Do not use pest strips around food areas.
- Store all perishable foods at temperatures which prevent spoilage.

  Refrigerator - 40° or below
  Freezer - 0° or below
- Check thermometers daily.
- Clean refrigerator with soda or bleach solution weekly.
- Defrost refrigerator before the ice is 1/4th inch thick.
- Wash tables with a mild disinfectant before and after every meal.
- Wash food preparation surfaces between preparation of different items.
- Thoroughly sanitize cutting board before and after cutting any meat, poultry or fish.

For Centers Only - What Should Kitchen Personnel Do To Ensure Food Safety ?

- Persons preparing food should meet health standards.
- Hair nets should be worn in the kitchen.
- Highly flammable clothing should not be worn while cooking (nylon, tricots, and light synthetics).
- Smoking, gum chewing and personal drinks/food should not be allowed in the kitchen.
- Hands should be washed before touching food, between different foods, and after using the bathroom, coughing and sneezing.
- No one ill with a bacterial or viral infection should handle food.
- No one with open or infected injury should work in food preparation unless the injuries are covered with nonporous materials (i.e., latex gloves).

FOODS REQUIRING SPECIAL CARE

Foods which may cause choking:

hot dogs
hard candy
popcorn
raw vegetables
raisins

grapes
seeds
corn
peanut butter

pickles
nuts
olives
thick sticky cheese

Don't offer these foods to children under **four** years old.

Honey should never be given to infants under one year of age.

FOOD SAFETY ISSUES FOR INFANTS

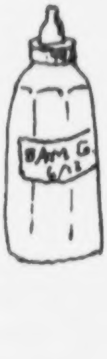
Baby Foods

Baby food in jars can easily spoil and cause illness. When feeding an infant, put the baby food from the jar in a separate bowl or cup. Using a clean spoon, place the amount of food you think the baby will eat into a cup or bowl. Do not directly feed from the jar. If the infant wants more food, always first serve from the jar to the bowl with a clean spoon. Germs from the mouth, if introduced into a jar of food, can cause spoilage. If the infant does not eat the entire serving from the bowl, it should be thrown away, never placed back in the jar.

Breast Milk

More women are now breast-feeding their babies. The working mother who is breast-feeding may send her infant to child care with bottles of breast milk. Breast milk is obtained by the mother pumping her breasts and putting the milk into a bottle. Breast milk is an excellent source of nourishment for infants. Like formula, it is important to store breast milk carefully so it does not spoil. The following are guidelines for storing breast milk.

- Label bottles of breast milk brought to the center with the child's name and date, then promptly refrigerate.
- Use refrigerated breast milk within 48 hours.
- Throw away all unused milk after each feeding.
- Never give breast milk intended for one child to another.



Breast milk may appear thinner, paler or even bluish in color compared to formula. This is normal. If it has been stored properly, it is completely safe and very nutritious for the infant.

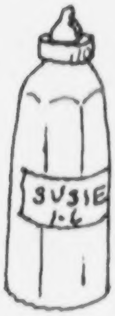
- Thaw frozen breast milk under cold running water. Offer only the amount you think the baby will eat because leftover breast milk cannot be stored and reused.

Formula

It is important to the infant's health that formula be prepared correctly and stored safely. Procedures concerning formula preparation and storage are written to prevent problems caused by:

- Adding too much or too little water.
- Formula spoiling or not being prepared in a way to keep germs from growing.
  Spoiled formula can make infants very sick. Germs can get into formula bottles from:
  - The hands, nose or throat of the person preparing the bottle.
  - The counter or work area.
  - A bottle that was not well cleaned.
  - Unclean water used to make formula.
  - Formula stored too long.
  - A bottle left at room temperature.
  - Baby sucking on bottle; saliva enters bottle.

It is important to be very careful about cleanliness when preparing infant formula. Before preparation, carefully wash hands. Make sure the kitchen or formula preparation area is very clean. Thoroughly wash and rinse all equipment to be used, including the cans containing the milk, the bottles and nipples. If bottles and nipples are to be reused by the facility, they must be sanitized. Bottles can be sanitized in a dishwasher or by boiling for 5 minutes.



There are health and liability risks when reusing formula. These risks can pose serious health complications. Any formula remaining after feeding should be discarded.

To prevent illness from shared bottles or mistakes in giving incorrect formula, label each child's bottles and formula with the child's name and the date the formula was prepared.

Refrigerate the bottles as soon as they arrive and discard formula after 12 hours.

Heating Formula

We recommend that you do not use the microwave oven to warm baby bottles of formula or breast milk.

The primary danger is overheating the liquid, although the bottle itself may remain cool to the touch. Drinking the hot liquid may burn the baby's mouth or throat. In addition, the hot liquid forms steam that builds up in the bottle, which may cause the bottle to explode.

Overheating formula or breast milk may also destroy vitamins. To be on the safe side, heat an infant's milk or food by one of the following methods:

- Gently shake the bottle while holding it under running tap water for a few minutes, just long enough to take the chill off.

- Set the filled bottle in a bowl of hot, not boiling, water for a few minutes. Crock pots may be used for this purpose, and are useful to warm several bottles at once.

Shake the bottle gently to distribute the warmth evenly. Then shake a few drops from the bottle onto your wrist. If the temperature feels all right to you, it is safe for the infant.

Warming the bottle this way may take a few minutes longer than using a microwave oven, but it's worth it for the child's safety

GENERAL FOOD SAFETY TIPS

The best way to prevent germ growth in food is to either keep it hot (140°F. or above) or keep it cold (40° F. or below). The longer food stays at room temperature, the more likely germs will grow. Here are some practical tips to keep food safe:

- Place cooked food promptly into the refrigerator. First transfer hot foods into shallow pans or containers (no deeper than 3") so they will cool more quickly. Then place immediately into refrigerator. Refrigerated food must be kept covered to keep particles from falling into it. You may cover hot food after it is cool.
- In the refrigerator, store raw foods on a lower shelf below cooked or ready to eat foods. This will reduce the chance that raw foods could spill and contaminate the ready to eat food.
- Use one of these methods to defrost foods safely:
  - Place frozen food in the refrigerator to thaw; be sure to place it in the refrigerator well in advance of the time you will need it.
  - Thaw food under cold running water.
  - Thaw food as part of the cooking process; be sure to allow longer cooking time.
  - Thaw food using the defrost setting of a microwave oven.
  - **Never** let food thaw by sitting out at room temperature.
- Keep meat, fish, poultry, milk and egg products refrigerated until immediately before use, because they can easily cause food-borne illness.
- Store food in refrigerators and freezers set at these safe air temperatures. Use a thermometer to check the temperature:
  - Refrigerator: 32° - 40° F.
  - Freezer: Lower than 0° F.
- If children are going on an outing and taking their lunches, choose foods that do not spoil or take an ice chest to keep the food cool and safe. Remember: foods should be kept hot or cold and spend

as little time as possible at room temperature.

- Care and cleanliness should be stressed in all areas of the center where children eat. Never place food and utensils (cups, plates, bowls, bottles) on the floor, in the diaper changing area or in the same sink where hands are washed after diapering or toileting. These are particularly dirty areas where germs can more easily enter and spoil the food. Wash, rinse and disinfect tableware and kitchen utensils in the following way:

Wash in the dishwasher or:

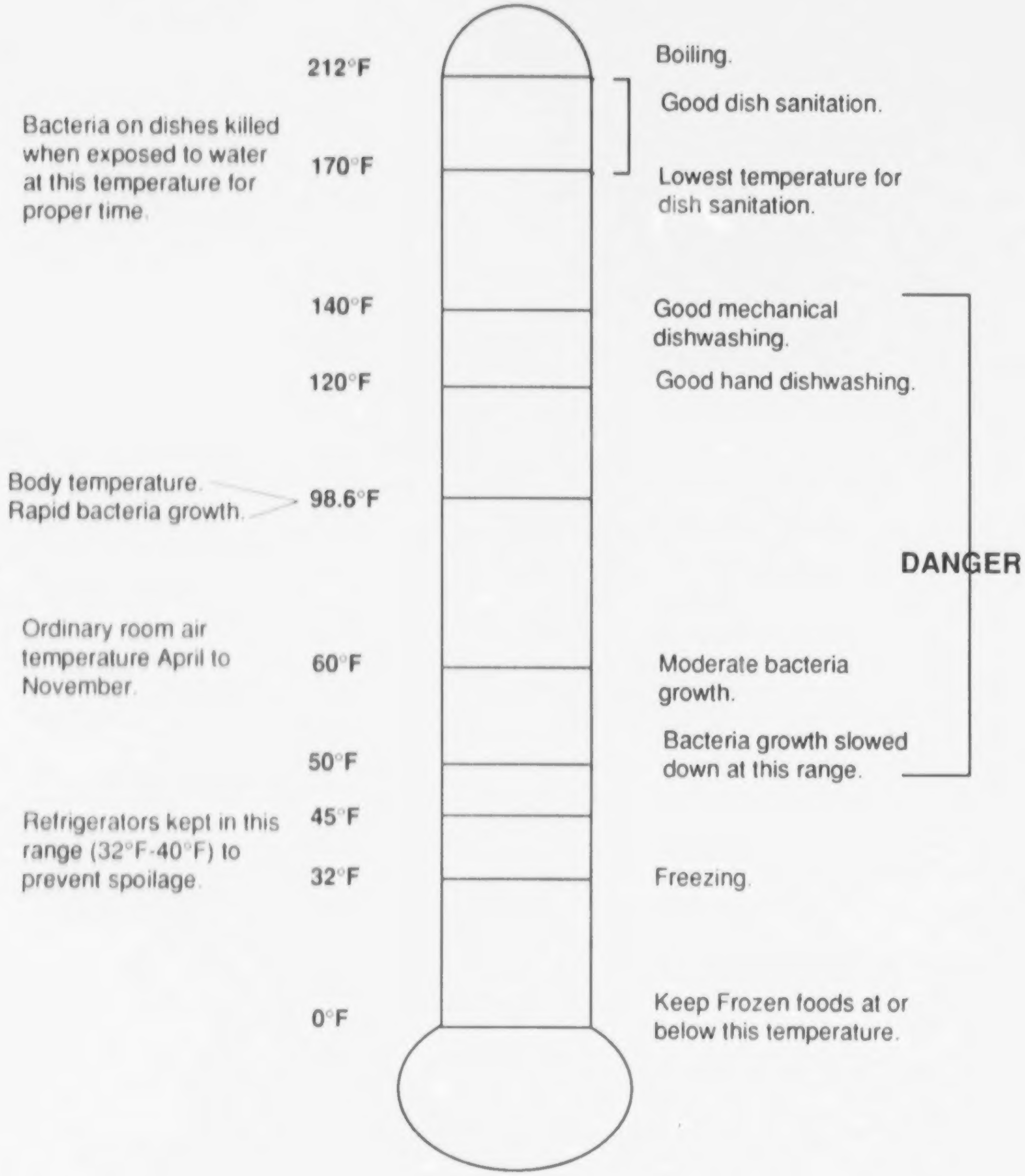
1. Wash with detergent and hot water.
2. Rinse with hot water.
3. Disinfect with a cool bleach solution of one tablespoon of bleach per gallon of water. (Note this solution is weaker than one used for disinfecting toys and changing areas.)
4. Air dry.

NOTE: Daycare centers licensed by the Arkansas Department of Health are required to have a **commercial** dishwasher (if a dishwasher is used).

If you cannot wash and disinfect the tableware and utensils then use disposable paper plates, cups, etc., to prepare and serve food. Throw them away after using. (Avoid non-biodegradable foam-type products.)

Scrub cutting boards with hot water and detergent and disinfect whenever they are used to cut up raw meat, poultry or fish. Disinfect with a bleach solution of one tablespoon bleach per gallon of water. Do not cut up vegetables, fruits or cooked foods on the same cutting board that has just been used to cut up raw chicken, fish or meat until the cutting board has been washed and disinfected. It is a good idea to have two cutting boards: one for raw poultry and meats, and one for cooked foods and raw vegetables or fruits. When cutting boards develop deep cuts which cannot be cleaned and disinfected, they need to be replaced.

Temperature and Food Sanitation Guide


212°F
Boiling.
Good dish sanitation.
Bacteria on dishes killed when exposed to water at this temperature for proper time.
170°F
Lowest temperature for dish sanitation.
140°F
Good mechanical dishwashing.
120°F
Good hand dishwashing.
Body temperature. Rapid bacteria growth.
98.6°F
DANGER
Ordinary room air temperature April to November.
60°F
Moderate bacteria growth.
50°F
Bacteria growth slowed down at this range.
Refrigerators kept in this range (32°F-40°F) to prevent spoilage.
45°F
32°F
Freezing.
0°F
Keep Frozen foods at or below this temperature.

Adapted from *A Sanitation Guide for Head Start Centers* by Caro Mollner and Mildred Mattfeldt.
Department of Dietetics and Nutrition, Kansas University Medical Center, Kansas City, Kansas.

PREVENTING INJURIES

Injuries used to be call "accidents." Now, we don't think of them as accidents, acts of fate, or "bad luck." Rather, they are usually events or incidents that can be prevented.

You can prevent most injuries that occur with children by:

- Checking the child care or play settings for hazards (unsafe areas).
- Watching and supervising children carefully.
- Understanding the growth and development of children. Certain kinds of injuries/incidents are common at each stage of development.
- Using car safety seats, seat belts, bicycle helmets, and smoke detectors.
- Talking to children about safety and demonstrating safety behaviors (i.e., wear your own safety belt, bike helmet, etc.).
- Reading the labels that accompany a product and checking to see if age appropriate.
- Showing/teaching your children the proper and safe use of products.

Use the following checklists to see if your child care setting is as safe as it can be.

Indoor Safety Checklist

General Household

- All balconies have railings and stairways have gates at both the top and bottom of stairwell. Make sure railings are secure.

- Smoke detectors are installed and tested monthly and batteries replaced at least once a year - even if they are still working. Install one on each floor/story of your house and outside all sleeping areas. It is a good idea to change your batteries when you change your clocks.
- Have a fire escape plan and practice fire drills at least once a month. Schedule drills during different times of the day, i.e., nap time, play time, etc.

- Upper floor windows have bars or other restraints to keep children from falling.
- Keep matches and lighters out of children's reach.
- Electric outlets are covered with safety plugs that cover the outlet automatically when a plug is removed.
- Electric appliances are unplugged when not in use and stored so they cannot fall in water and cause an electric shock.
- Glass doors and low windows are marked for visibility (with decals or tape) and made of safety glass or protected from impact.
- Fireplaces, wood stoves, and heaters are installed according to codes. When in use, they should be inaccessible to children.
- Poisonous plants are out of children's reach.
- Use of oral prescriptions with CRC (Child Resistant Closure) should be encouraged for protection of children.

Kitchens, Bathroom, Laundry, Diapering Areas

- All medicines and cleaners are stored in their original containers — out of children's reach — and kept locked up.
- Cleaning products, medicines and food are stored separately.
- Bleach solution and diapering supplies are stored out of children's reach and bleach is kept locked up.
- Electric outlets in bathrooms or by sinks in kitchen have Ground Fault Circuit Interrupter (GFCI).
- Hot water temperature in sinks and tubs is set at 100-110° F. for preschool and developmentally disabled children (120° F. maximum for older children).
- Children are carefully watched in the bathroom so that they do not fall into the tub or toilet (and become injured or drown).
- Laundry areas are separate from child care areas.
- Oral prescription drugs are used with child resistant closures.
- Poison Control number is displayed near the phone for quick use. (See page 72.)

Toys

- Make sure the toys are age-appropriate before use.
- Avoid toys that are flammable.
- Check toys (before purchase or when brought in by the child) for sharp edges or small parts that may come off, be swallowed and cause choking.
- Develop a system to check toys often to make sure they are in good repair.
- Make sure toys are washable and cleaned regularly.
- Avoid balloons which can be a choking hazard to small children.
- Discard old toys that show signs of wear that may cause safety hazards.

Cribs

- Distance between crib slats should not exceed 2 3/8 inches when used by babies less than 6 months of age. This will prevent entrapment hazards.
- Mattresses should fit snugly and be watertight. (Plastic covers are not acceptable)
- Crib sides lock at full height. Full height covers 3/4 of a child's height to prevent a child from falling out of the crib.
- Lock on crib sides cannot be easily released.
- Cords from mobiles, toys and window shades cannot strangle children.

High Chairs

- Bases are wide and do not easily tip over.
- Chairs do not have sharp edges.
- Chairs are equipped with washable waist strap, which should always be used to secure the child.
- Watertight washable foam pads cover seat, or seat has an easily cleanable surface.

Playpens & Walkers

- Slats do not have more than 2 3/8 inches of space between them or there is netting with small weave.
- Hinges lock tightly and have protective covers.
- Watertight washable foam pads cover the bottom.
- Children need to be supervised. Playpens and walkers are not babysitters.

  Note: The National Committee for Injury Prevention and Control and the American Academy of Pediatrics recommend that parents should be counseled on the risks/dangers of baby walkers. In keeping with this recommendation, baby walkers should not be used in child care settings.

Baby Carriers

- Bases are wide for stability.
- Non-skid surfaces are on the bottom.
- Carriers have safety straps which are used every time child is in carrier.
- Carriers are not placed on counters, tables or chairs unless an adult stays right next to the child.
- Carriers are not used as car seats.

OUTDOOR SAFETY CHECKLIST

Playground

- Children always are supervised by an adult.
- Check play areas regularly for hazardous objects or situations.
- Play equipment is installed and kept in good repair for safety.
- Play equipment is suited to developmental level of children using it. In other words, children should be old enough to use the equipment safely.
- Play equipment has soft ground surface underneath. Soft surfaces under climbing or play equipment should consist of

material such as wood chips or pea gravel at least one foot thick/ deep. Grass is not sufficiently soft to be used as a cushion under high equipment, nor is packed bare dirt

- Swings do not swing across footpaths.

- Equipment which collects water (like a tire) has drainage holes.

- There are no projections on equipment onto which a child could fall or into which a child could run.

Wading/Swimming Pools

- Pools always are supervised by an adult trained in CPR. Swimming pools require the supervision of a certified lifeguard.

- Water in swimming pools meets State or local standards for chlorine and other chemical levels.

- Pools, wading pools, hot tubs and spas must be surrounded by fences and self-latching gates which are kept locked except when an adult is present, preferably five feet high. Doors from the house that open into the pool area should be kept locked to keep children from walking out from the house to the pool area.

- Supervision of children around the pool area is very important, and must occur whenever children are around the pool even if they're not swimming at the time. For example, children playing or riding tricycles around the pool may fall in.

General

- Gates are kept closed and have child-proof latches or locks.

- Porches, steps, balconies and decks have secure railings and non-skid surfaces.

- Poisonous plants are pulled from play areas.

Cars, Bicycles/Tricycles

- Safety seats and seat belts for infants and children are used correctly every time children travel.

- Arkansas law says all children from birth to three years of age must ride correctly secured in a federally approved child safety seat. All children from age three to age five must ride in a safety belt or a child safety seat. All children under 5 years of age regularly transported in a passenger automobile, van or pick-up must be in an approved safety seat or safety belt.

- An unrestrained adult can be thrown into other passengers and cause serious or even fatal injuries. Your children need you alive and well. Protect them by protecting yourself... Buckle up.

- Approved bicycle helmets are used every time children ride bikes. We also recommend using helmets with trikes and "big wheels" to help promote the "helmet habit."

- Bicycles have handle grips.

- Buy the bicycle to fit the child so he/she will not be injured "growing into" the bicycle.

- Children wear retroreflective material or carry flashlight when walking at night. Children under age eight should be accompanied by an adult. Very few children under age 8 can deal safely with children.

- Teach the children the rules of proper operation of a bicycle.

Baby Gates and Expandable Enclosures

- Choose a style of gate and enclosure other than the accordion-type. Gates with a straight top edge and rigid mesh screen are the best. The V-shaped or diamond-shaped openings in the mesh do not present a head entrapment/strangulation hazard, and they do not pinch fingers.

- Be sure the baby gate is securely anchored in the doorway or stairway where it is being used. Gates should be anchored at both the top and bottom of stairway.

- Gates which are retained by an expanding pressure bar should be installed with this bar on the side away from the child. Otherwise the pressure bar may be used as a toehold and enable a child to climb over the gate.

PROTECT CHILDREN FROM SUCH OBJECTS AS DISCARDED SYRINGES, NEEDLES AND CONDOMS

Discarded syringes and needles, and used condoms, are increasingly showing up in parks and public areas. The risk of disease transmission from contact with discarded syringes and condoms is low, and certain precautions and common sense procedures will reduce this low risk even further. If you have any questions, please contact the local health unit in your area.

First, there are three key points that child care providers, parents and others in charge of children need to follow:

1. Teach children not to pick up or play with certain discarded objects which they may find in a park, playground, or other place, without first checking with an adult. Children are naturally curious, but can learn through games, pictures, and other consistent messages that some items are "ADULT ONLY." This can apply not only to used syringes and condoms, but also to broken glass or other sharp objects, others' possessions, garbage or strange animals. Children can lean to recognize "DON'T PICK UP" items, and to call an adult to come and properly discard the object.

   To complement this teaching, examine any play doctor bags you may have and remove the syringes so children do not learn to think of these items as toys. These should be considered "ADULT ONLY" items. Do not frighten children about syringes and needles, however, because children must accept them as necessary medical tools when they receive immunizations or other injections.

2. Supervising children is also a critical safety step. Proper supervision of children against risks and hazards is a key element for safety.

3. Check play areas regularly for unsafe or discarded objects, and modify the play environment as necessary. Properly cleaning up unsafe items before children are allowed to play will prevent contact with potential risks.

   Modifying the environment, such as adding fences or trimming back plants with thorns or which may harbor discarded objects, is also recommended.

Used Condoms

A used condom is very unlikely to spread any disease to anyone who merely touches it (particularly if it has dried), but for safety and for

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aesthetic reasons, washing with soap and water after direct contact with a used condom may be prudent.

Children should be instructed not to pick up discarded condoms, but rather to tell an adult. Telling children not to pick up used "balloons" can be a way to caution children who are too young to understand about condoms.

Used condoms should simply be discarded in the garbage. A used condom may be picked up with a tool (tongs, shovel, etc.) or by wrapping and picking up in paper, plastic, etc.

Used Syringes and Needles

If you find discarded syringes on your property, it is your responsibility as a property owner to properly dispose of them. If you find discarded syringes in a public place, such as park or playground, we encourage you to dispose of them properly or to promptly notify the person in charge to properly dispose of them.

- Children should be instructed not to pick up discarded syringes, but to tell an adult.
- Syringes should only be handled by the plunger or barrel, not the needle. Gloves or tools may be used to pick up a syringe, but are not necessary.
- Syringes with needles should be placed into a wide-mouth hard plastic container, or metal can (such as a coffee can), and capped or sealed. Put in container with the needle pointing down.
- Properly contained needles can then be brought into any Health Department Clinic and deposited into a special hard plastic container for disposal. As a last resort, the properly contained syringe and needle may be placed into the garbage. (Do not use glass containers, as these may break in the garbage and place employees who work at transfer stations at risk of needle puncture injuries.)
- If you or a child are stuck by a discarded needle or other sharp object, be assured that the risk of catching disease is very low. Provide any appropriate first aid, such as washing the injury site with soap and water. The child's health care provider should be contacted if any signs of local bacterial infection occur, such as redness or tenderness at the injury site, or a temperature. A bacterial infection can be easily treated. It is unlikely, however, that a virus, such as Hepatitis B or HIV/AIDS, would be transmitted this way.
- If you see that discarded needles are a recurring problem in any area, please notify the local police department about this problem.

BE PREPARED FOR INJURIES

Before an injury occurs, prepare to respond by taking the following steps:

- Post emergency phone numbers by all your phones. Include your facility's name and address. The emergency phone number for most areas is 911. Check your local listings. The Poison Control Center phone number in Little Rock is:

  661-6161.

  The toll free number for outside the central Arkansas area is:

  1-800-482-8948.

- Keep a stocked first aid kit in a convenient location that is known to all staff. The kit should be out of reach of children. Assign one person to check it regularly and restock it as necessary. You should also have a first aid kit in any vehicle used for transportation or field trips.

  The first aid kit should include Syrup of Ipecac in case of poisonings. **Never give Syrup of Ipecac without first calling the Poison Control Center.**

- Keep parental consent forms on file, to enable you to provide emergency treatment or transportation if necessary. Have complete emergency information on file for each child, including emergency contact phone numbers.

- Have center and day care home providers trained and up to date in first aid and CPR. In centers, at least one trained staff person should be present at all times, including during field trips.

- Develop written emergency procedures; plan ahead for emergencies. Orient all staff to the plan.

- **If an emergency or injury occurs, keep calm!**

PREVENTING ILLNESS IN CHILD CARE SETTINGS

Preventing means stopping something before it happens. You can prevent many illnesses which can occur in child care settings through clean and safe habits. Diseases caused by germs are a major problem in child care because they are easily spread from one person to another. These diseases are called communicable or contagious diseases and include such diseases as flu, or chicken pox.

GERMS

How Germs Live

Germs are living things which are too small to be seen by the unaided eye. Examples are bacteria, viruses, and fungi. They need food, water and warmth; they also like dark, wet areas. Germs live everywhere and are not harmful when they live in their proper places and numbers. However, when germs increase in number or exist where they"re not supposed to, they can cause disease. For example, there is a germ called staphylococcus (a bacterium) which normally lives on human skin and in the nose, and does not usually cause any problems. But if that germ gets from someone's skin or nose into certain foods it can grow in those foods. Then if the food is eaten, the poison that the germ makes gets into our stomachs and can cause food poisoning.

How Germs Spread

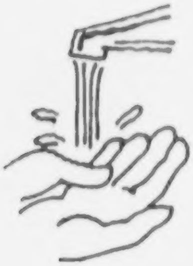
Germs and the illnesses they cause can be spread in many ways. The most common are:

- Through contact with human waste (stool, urine).
- Through contact with body fluids (drool, blood, nose or eye discharge).
- Through direct skin to skin contact.
- By touching an object which has germs on it (for example: a toy, the telephone, someone else's hairbrush).
- Through the air in drops of water from sneezing and coughing.

Not all germs can spread by all these ways. Some germs are not spread easily, but require intimate or sexual contact.

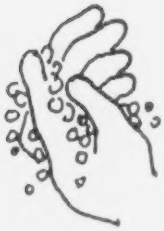
Germs enter the body in different ways. The most common ways are through the eyes, nose, mouth and broken skin. If a germ enters the body and finds a warm place to grow, then illness can occur.

HANDWASHING PROCEDURE



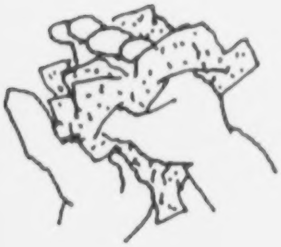
Always Wash Your Hands:

- After you use the bathroom or help a child to use the bathroom.
- Before you handle food or cooking utensils.
- Before you eat. We also recommend washing hands after eating.
- After you change a diaper.
- After you handle any items that may be soiled with body fluids or waste, such as blood, drool, urine, stool or discharge from the eyes and nose.
- After handling pets or other animals.
- After coming in from outside play time.



How to Wash Hands

1. Turn on water to a warm temperature.
2. Wet hands.
3. Soap up with liquid soap and rub hands together for 20 seconds. rubbing hands together loosens germs and dirt and allows them to be washed away. If hands are very dirty, soap up and rub hands together for at least 40 seconds.
4. Rinse well under running water.
5. Dry hands with paper towels, paper napkins, or hot air blow dryer. Do not use a common cloth towel because it can spread germs.
6. Turn off water with the used paper towel(s) before throwing towel(s) in the wastebasket.
7. Use hand lotion if desired.
8. Clean fingernails daily or when hands have become very dirty.

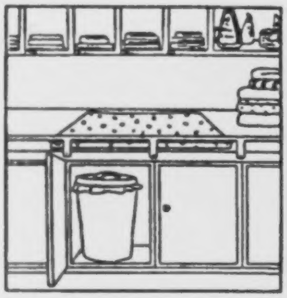


DIAPER CHANGING PROCEDURE

When changing diapers:

1. Use a cover on the changing table that can be thrown away after each child's use. (Cheap coverings to use are computer paper, wax paper, clean paper bags, butcher paper).

2. Gather all items needed for diapering and place near the changing table before beginning to change the diaper. Never leave a child unattended on the changing table.

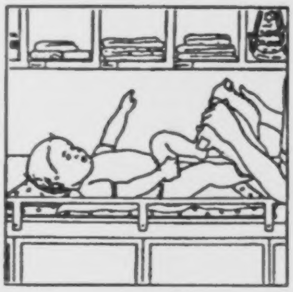


3. Empty stool into the toilet but do not scrape or rinse the diaper out.

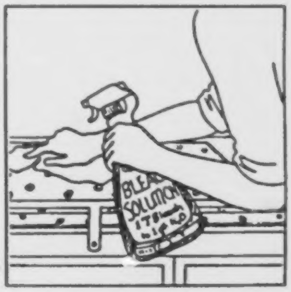
    - Place disposable diapers in a covered, plastic-lined container.

    - Place cloth diapers which belong to the child in a plastic bag. Seal and label it with the child's name. Send it home with the child.

    - Place cloth diapers from a diaper service in a diaper pail that has been provided for that purpose. Keep diaper pail covered and out of reach of small children.



4. Wash and disinfect the changing table after every change of diapers. To disinfect means to clean with a bleach solution. This is done by spraying the surface with a bleach solution (made of 1/4 cup of liquid chlorine bleach mixed with one gallon of water), then wiping dry with a paper towel. Keep the solution in a spray bottle for easy use and make it daily, because the bleach weakens over a day's time. Keep this solution and the bleach out of children's reach.

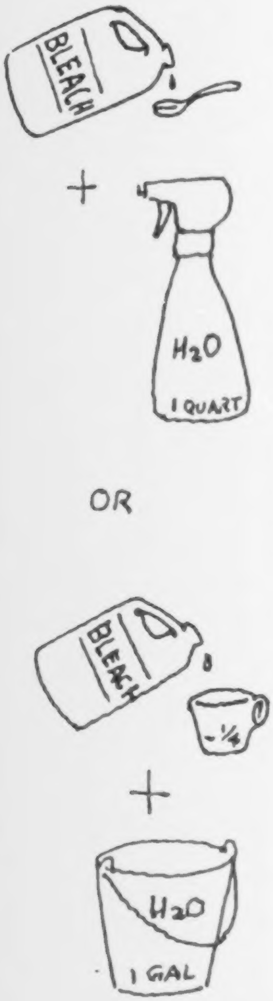


5. Wash hands after every diaper change.

    The sink you use for handwashing, after going to the toilet and changing diapers, must not be the same sink used for preparing food. A sink and covered, plastic-lined waste containers must be located close to the toilet and diapering area. Diaper changing and toilet surfaces must be washable and kept clean. Disposable soiled items must be thrown away promptly in a safe and secure place.

DISINFECTING

Disinfecting with Bleach Solution



Disinfectants are chemicals that reduce the number of germs. Bleach is an excellent disinfectant.

For non-food surfaces: Mix 1/8 to 1/4 cup of bleach in 1 gallon water of 1/2 to 1 tablespoon bleach in a quart of water. Saturate area with the solution and air dry.

For mouthed toys or eating utensils: Boil, use a dishwasher, or soak clean items for 2 minutes in a weak bleach solution of 1 tablespoon bleach to 1 gallon of water or a teaspoon of bleach in 1 quart of water.

The bleach solution should be made daily because it weakens over a day's time and then will not be strong enough to get rid of germs. Any liquid chlorine bleach mixed with cool water will do. All cleaning solutions are poisonous and must be kept out of children's reach or locked up. Keep labels on all cleaning products and solutions and read directions before use. Store cleaning products away from foods. Do not mix cleaners such as bleach and ammonia. Doing so will release harmful fumes.

Surfaces and objects which have obvious dirt on them should be first cleaned with soap and water. Then apply bleach and water solution to soiled objects and surfaces by spraying from a spray bottle or by dipping the object in the solution.

Disinfect toys daily or when obviously dirty by one of the following:

- Washing with soap and water to remove obvious dirt and, if possible, dipping in chlorine bleach and water solution. Allow toys to air dry before returning them to children.

- Running toys through full wash and dry cycles of dishwasher.

- Washing cloth toys in the washing machine with detergent and water and air or machine drying them.

LAUNDERING AND CLEANING

Handling Clothing and Bedding

As mentioned earlier, some germs can be passed from child to object to another child. Anything that comes in close contact with the child can carry disease. To prevent this, certain items must be used by only one child or be laundered before used by another child. Assign blankets, sheets, cots, cribs and mattresses to one child. Store bedding (sheets, pillows, blankets) individually so they do not come in contact with another child's. Plastic bags (always kept out of children's reach), blanket bags, separate drawers, shelves or cubbyholes are all acceptable ways to separate a child's belongings from another's.

If clothing, towels, bedding, diapers, etc., become soiled, store them safely out of reach until they are laundered (or put in the garbage if they are to be thrown away.) Dirty cloth diapers and clothing should be placed in a plastic bag and sent home with child at the end of the day.

Laundry Instructions:

The most important way to reduce germs in soiled clothing, towels, etc., is with soap and water. Adding bleach will further reduce the number of germs.

Clothing or other material soiled with body fluids should be washed in a washing machine separately from other items. Pre-soaking may be necessary for heavily-soiled clothing. Otherwise, wash and dry as usual. If the material will not be damaged by bleach, add 1/2 cup of household bleach to the wash cycle. If the material is not colorfast, add 1/2 cup non-chlorinated bleach to the wash cycle. (Examples of non-chlorinated bleach are Clorox II and Borateem.)

Always wash your hands after handling soiled laundry.

Cleaning Soiled Floors

- If a hard-surfaced floor is soiled (blood, vomit, stool, etc.), wear gloves and blot up as much as possible. Then mop or wipe the area with a germicidal detergent. Check to make sure it's safe for the floor. For cleaning, you may use (and re-use) utility or dish washing type gloves.

- Mop heads, buckets, dustpans should be soaked in the disinfectant after use and then rinsed thoroughly or washed in hot water in a washing machine.

- If a rug is soiled, use one of these recommendations:

    - Use a sanitary absorbent powder, let dry, and vacuum. These powders can be obtained at janitorial supply houses. They soak up spills and sanitize the floor covering.

- Wear gloves and blot up as much of the spill as you can. Then use a germicidal rug shampoo, using a brush to clean the rug well. Let dry, then vacuum. Soak the brush in a disinfectant, and then rinse it off.

PREVENTION IS CRITICAL

The best method of preventing the spread of all types of infections is good hygiene to help stop the spread of germs. Two strategies are very important and cannot be over-emphasized.

- Staff and children should wash their hands properly and frequently, using running water and liquid soap, and disposing of towels after one use.
- Promptly clean soiled surfaces with a bleach solution prepared daily (1/4 cup of bleach per gallon of water).

Staff should wash their hands:

- After performing any activity that involves handling body fluids.
- After using the bathroom or helping a child use the bathroom.
- After changing a diaper.
- Before any activity that involves handling food or cooking utensils.
- Before eating.

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GUIDELINES FOR EXCLUDING FROM CHILD CARE

Children and staff with symptoms of communicable disease can spread the disease to others. You should consider excluding them from child care. The following guidelines are to help you to determine when it would be better to not have the child or staff person present.

- **Diarrhea:** Increased number of watery stools in a 24-hour period. Many people use a guideline 3 or more watery stools in a 24 hour period as a definition of diarrhea.
- **Vomiting:** Vomiting on two or more occasions within the past 24 hours.
- **Rash:** Body rashes, not obviously associated with diapering, heat or allergic reactions to medicine. Many communicable diseases have body rashes, such as chicken pox, measles, rubella (German measles), impetigo and some streptococcal infections. Often a nurse or doctor is needed to diagnose communicable from non-communicable disease rashes.
- **Drainage from the Eye:** Thick mucous and pus draining from the eye.
- **Appearance/Behavior:** Usually tired, pale, lack of appetite, difficult to wake, confused, irritable.
- **Sore Throat:** Sore throat if associated with fever or swollen glands in the neck.

Children with mild cold symptoms who do not have the symptoms described above probably do not need to be excluded from child care. Mild colds are very common in young children and excluding them once they have cold symptoms probably does little to control the spread of the cold germ. Decisions about whether or not to exclude children with mild colds will depend on how uncomfortable the child is and how well the staff can care for the child and respond to his or her symptoms.

Ear infections are not easily spread and children should not be excluded just because of an ear infection. The main concern is that the child gets medical treatment and follow-up for the infection. Once again, if the child is extremely uncomfortable and the child care staff do not have enough time to care for him or her then he or she should be sent home.

Your observations provide valuable information to help parents and health care providers know how to best treat a child. The following are guidelines for observing, reporting and responding to symptoms of illness.

- Report your observations rather than drawing conclusions or making a diagnosis. For example:

"Mary's finger is swollen and bruised-looking."
(observation)

NOT

"Mary's finger is broken." (diagnosis)

The statements which are observations provide more information and are more helpful to the parent or health care provider than the statements that come to a conclusion or make a diagnosis.

- Give measurable facts rather than vague information. For example, a measurable statement would be, "Johnny has a temperature of 103° F.", rather than "Johnny is hot".

- Get a second opinion when evaluating symptoms of illness and trying to decide what action to take - ask a co-worker, the child care director or the child care health consultant.

- Establish policies about how illness will be handled in the child care. Share these policies with staff and parents. Often, it is easier to convince parents to take an ill child home or not bring him or her to the child care in the first place if rules about illness are clearly stated and shared before illness occurs.

- Write about illness in the child's health record. It may seem silly to write "Johnny stayed home for 3 days due to a cold", but recording information can help you see how often a child is ill and patterns to his or her illness. Also, accurate record keeping helps you give factual observations to parents and health care providers.

- Report certain communicable diseases to the Health Department. (See page 129.)

- Always report illness to parents — either immediately or at the end of the day, depending upon the seriousness.

MEDICATIONS IN THE CHILD CARE

Sometimes young children need medicine during the day when they are in child care. The following suggestions will help child care providers to be sure that children get the care they need to stay healthy. These are general guidelines; there may be some exceptions to these recommendations. Always check with the parents before administering any medications in your child care.

If medicine is given at child care, consider these questions.

- Some medicines are used to prevent problems, others are used to treat an illness. If a child is ill and needs medicine, should she/he be at the child care that day?
- If the medicine is an over-the-counter drug and is being used to stop a symptom (for example, a runny nose), is it really necessary to stop the symptom? Is the symptom bothering the child or interfering with normal activities such as sleeping or eating? Discuss with parent if medicine appears to be ineffective.

If medicines do need to be given at the child care, staff shall give or apply medication, either prescription or non-prescription, only with prior written permission and written instructions from the parent and doctor. Medications must be in the original container, stored according to the instructions, clearly labeled for a named child, and returned to the parent or destroyed when no longer needed. The center or day care home shall maintain a record as to the time and amount of medication given or applied.

- The child care must obtain written permission from the parent to give any medication while the child is at the child care.
- All medications must be stored out of the reach of children. Check the label to see if the medicine needs to be refrigerated, and if so, be sure that medicine stored in the refrigerator is out of the reach of children. Many providers use some kind of lockable container, such as a fishing tackle box with a small lock, to store medicines in refrigerators that are accessible to children.

The following general procedures should be followed when giving any medication to children:

1. Wash hands before preparing medications.
2. Prepare the medication on a clean surface that is away from diaper-changing or toileting areas.

3. Explain the medication-giving procedure to the child. Never call medication "candy"; you can explain that medication tastes like bubble gum or candy, but never say that it is bubble gum or candy.

4. Always give plenty of praise to children after they take their medication.

5. Wash hands after giving medications.

6. Stop giving a medication if side effects are observed. Inform parents.

VARIOUS TYPES OF MEDICATION

Oral Medicines (those that are taken by mouth):

1. For liquid medicines, use spoons, syringes, droppers, or medication cups that have measurements on them so that the correct dosage can be given. Regular table silverware spoons do not provide an accurate measurement for liquid medicine.

2. Be sure that the equipment being used is clean.

3. For liquid medicines, pour the medicine into the spoon or cup and hold it at eye level to check the dose. Have the child sit or be held in an upright position to help with swallowing. Do not put medicine into baby bottles. Medication can be mixed with a very small amount of a soft food, such as applesauce, if the child has difficulty swallowing it.

Eye Drops:

1. Position or hold the child in an upright position.

2. Pull the lower eyelid out to create a tiny cup.

3. Without letting the medicine dropper tip touch the lower lid, drop the appropriate number of drops into the lower lid area.

4. Keep the child in the upright position for several minutes.

5. Keep the child from rubbing eye.

Ear Medications:

1. Position the child with the ear that needs medication up.
2. Straighten the ear lobe by gently pulling it back.
3. Drop correct number of drops in ear.
4. Maintain the child's position for several minutes.

Topical Medications (ointments and creams applied to the skin):

Apply the medication according to instructions.

DECIDING WHAT ACTION TO TAKE FOR SYMPTOMS OF ILLNESS

Eyes

Decreased vision and crossed eyes

Symptoms:	Action needed if YES:
Is this a sudden blindness (in part or complete)?	Call parents; parents need to call health care provider immediately.
Are eyes crossed in a child who is older than six months?	Discuss with parents; probably needs vision screening within 1-2 months.
Do you think that vision in one or both eyes is less than normal?	Discuss with parents; probably needs vision screening within 1-2 months.

- Children who have problems seeing may squint or may not see objects when they are pointed out. Contrary to popular belief, headaches are rarely a sign of poor vision in children.
- Strabismus (lazy eye) is a condition where the eyes don't work equally. This can lead to blindness in the eyes unless it is treated. Children who have strabismus often look as if they have a wandering eye.

Eyes burning, itching, discharge

Symptoms:	**Action needed if YES:**
Are any of the following present?	
- decreased vision	Call parents; needs medical attention today.
- some pain in eyes.	(same as above)
- Pupils are different sizes (unless child normally has different size pupils)	(same as above)
Are any of the following present?	
- Discharge that looks like pus	Call parents; parents need to call health care provider. For information, refer to pink eye, page 109.
- eyes look red and irritated.	(same as above)
Do the eyes itch and are the following present?	
- Sneezing	Discuss symptoms with parents. This may be hay fever and if symptoms are severe, they may wish to seek medical advice.
- Runny nose	(same as above)
- Seasonal occurence.	(same as above)
Inform parents of minor symptoms when they pick up child at end of day.	

Pink eye (conjunctivitis) is an infection of the white part of the eye as well as pink skin under eyelids. It can be caused by either viruses or bacteria. If caused by a virus, no medicine will help - the eyes will heal by themselves, If caused by bacteria, antibiotic eye drops will be prescribed. The child with pink eye is contagious as long as he or she has discharge unless it is bacterial pink eye and he or she has been getting antibiotic eye drops for 24 hours. Exclude from child care until discharge and redness is gone or child has been on antibiotic eye drops for 24 hours and symptoms are improving. (See also page 109.)

Ears

Earaches

Symptoms:	**Action needed if YES:**
Is there an ear discharge?	See ear discharge, page 86.
Does child have severe ear pain, fever, irritability or decreased hearing?	Call parents; child may have middle ear infection and needs medical evaluation.
Discuss earache with parents at end of day when they pick up child.	

There are two kinds of ear infections:

- Otitis media (middle ear infection)
- Otitis externa (outer ear infection or "swimmer's ear").

Otitis media is caused when germs become trapped and grow in the middle ear because the tube (Eustachian tube) connecting the middle ear with the throat is blocked. Children with otitis media often complain of earache, and have fever, are irritable, may have a cold, may have decreased hearing and may have ear discharge. Antibiotics are often needed to treat otitis media. Otitis media is not communicable and children do not need to be excluded from child care for this condition unless they are too ill to be adequately cared for. Some children who have had many middle ear infections have an operation where tubes are placed in their ear drums. These tubes allow the middle ear to drain so they don't get as many infections. When children have tubes in their drums they should not get water in their ears. Repeated middle ear infections can cause permanent hearing loss, especially if not treated.

Swimmer's ear (otitis externa) is an infection of the ear canal. Children will complain of itchy ears and moving the ear lobe may cause pain. There may also be ear discharge. Ear drops are sometimes prescribed to treat this condition. Swimmer's ear is not particularly communicable and children should not be excluded from child care for this problem. Children with swimmer's ear should not use a swimming pool because the ear needs to remain dry to heal.

Ear discharge

Symptoms:	Action needed if YES:
Is there ear wax?	No need to do anything.
Is the discharge bloody or like pus?	Call parents; child needs medical evaluation.
Is there fever, cold, severe ear pain, irritability, decreased hearing?	Call parents; child needs medical evaluation. May be middle ear infection.
Is there itching, red or wet ear canal, pain when ear lobe is moved?	Inform parents of symptoms when they pick up child at end of day. May be swimmers ear. May need medical evaluation.
Is discharge (particularly bloody or clear discharge) accompanied by confusion, recent head injury or projectile vomiting?	Call parents; child needs medical care immediately.
Inform parents of ear discharge when they pick up child at end of day	

- In a child who has been complaining of ear pain, white, yellow or green discharge may mean the child's eardrum has burst. The pain to the child is greatest before the ear drum bursts because of the pressure built up in the middle ear from pus. The burst eardrum is part of the healing process and won't permanently affect the child's hearing, but the child needs medical care - antibiotics will speed the healing.
- Children often like to put things in their ears like peas or beans. This often causes ear discharge and/or pain. These items

usually need to be removed by a physician or nurse.

Nose

Running nose

Symptoms:	Action needed if YES:
Is there a smelly discharge on one side of nose? and Is it a color other than white or yellow?	Inform parents when they pick up child at end of day. Parents need to call health care provider.
Is discharge watery, with sneezing or eye watering? Does it occur seasonally?	May be hay fever. Discuss with parents; they may want to seek medical advice.
Is there fever?	See fever, page 93.
Mention runny nose to parents when they pick up child at end of day.	

- A runny nose is very common in childhood.
- Children will also have runny noses during crying and sometimes after exercising.
- Some children have runny noses because they use nose drops for too long. Nose drops should never be used for longer than five days if they contain a decongestant.

Nosebleeds

- Most nosebleeds are caused by picking the nose and causing tiny blood vessels in the nose to open and bleed. Nosebleeds may also be associated with colds and hay fever.
- If a nosebleed is caused by a head injury, parents should be called so they can contact their health care provider.
- Repeated nosebleeds should be evaluated by a physician.
- To stop a nosebleed, pinch the child's nostrils together for at least 4 minutes without releasing pressure. The child should be seated. Do not tilt head back for this causes the child to gag from blood dripping down the back of the throat. A cold wash cloth applied to the nose will also stop the nosebleed. After the bleeding stops, make sure the child does not blow the nose.

- Nosebleeds lasting 30 minutes or more need immediate medical attention.

Throat

Sore Throat

Symptoms:	**Action needed if YES:**
Does the child have severe trouble swallowing or breathing, or is there more drooling than usual?	Call parents; child needs medical care immediately.
Do any of these symptoms accompany the sore throat?	
- Fever	Call parents; child needs medical evaluation. May have scarlet fever or strep throat, see page 102.
- Large and tender glands in neck	(same as above)
- Headache, general discomfort	(same as above)
- Red sandpaper rash	(same as above)
	Report sore throat symptoms to parents at end of day when they pick up child.

- Untreated strep infections can cause rheumatic fever, arthritis, heart and kidney disease.
- No one can tell if a sore throat is caused by a streptococcus germ until a throat culture has been done.
- Strep infections are not communicable 24 hours after treatment with antibiotics. However, it is important for the child to take all the medication as prescribed.

Cough

Symptoms:	Action needed if YES:
Did violent cough begin suddenly without signs of a cold, and is there difficult breathing?	Call parents; child may have breathed in an object; needs medical care immediately.
Are any of the following present?	
- fast or difficult breathing	Call parents; child needs medical evaluation.
- child sucks in ribs and does not seem to get enough air	(same as above)
- fever	(same as above)

- Coughing has many causes and can accompany the following illnesses: colds, flu, pneumonia, whooping cough. Sometimes a cough may be a sign that a child has inhaled a foreign object such as a peanut.

- Persistent and continuous coughs which last more than 4 weeks and don't seem to be getting better may mean there is a chronic illness or problem and the child needs to be medically evaluated.

Skin

Skin Rashes

Symptoms:	Action needed if YES:
Is there fever?	Call parents; exclude child from child care until parents and their physician can tell you what caused the rash. For rashes without raised bumps, see: Measles, page 38 Rubella, page 40 Scarlet Fever, page 120. For rashes with raised bumps, see Chicken Pox, page 103.
Is there itching?	See: Ringworm, page 108; Lice, page 105; Scabies, page 106. Exclude child from child care.

Also See:

Impetigo, page 107;
Diaper rashes, page 91;
Baby rashes, page 91;
Cradle cap, page 91.
Discuss rash with parents when they pick up child at end of day.

- Children often have skin rashes with no other symptoms. Some of the rashes may be caused by allergic reactions, heat or viruses. Often mild rashes disappear as fast as they come.

Diaper Rash

Symptoms:	**Action needed if YES:**
Are the following present? - blisters - small red patches beyond diaper area	Discuss with parents at the end of the day when they pick up child. They should consult physician as diaper rash may be caused by staphylococcus germs or yeast and may need treatment.

Steps to treat simple diaper rash:

- Keep diaper dry and change as much as possible.
- Remove rubber pants.
- Leave diaper off.
- When washing area, use plain water and soap only. Avoid commercial diaper wipes since they contain alcohol which is painful to raw skin.

Baby Rashes

There are two very common kinds of baby rashes: one is on the face (milia) and the other is on any part of the body (heat rash). Small white bumps over the forehead, nose and cheeks in an infant are called milia. If the bumps on the face are red, they are sometimes called infant acne. No treatment is needed; they go away eventually and are harmless. They are most commonly seen on newborns and very young infants. Small red bumps, usually in the skin fold areas, often on the neck and upper chest, are called heat rash. This may mean that the infant is bundled too much. The rash quickly goes away once the baby is unbundled. This rash is also harmless.

Cradle Cap (Seborrhea)

Cradle cap and dandruff are the same thing. Cradle cap happens when oil glands in the scalp become overactive. An infant who has cradle cap has thick, oily, yellow, scaling patches on the scalp. Frequently, there are very small bumps on the child's forehead and behind the ears. Although it is not attractive looking, it is not harmful to the infant. It can be treated by using a soft scrub brush to wash the scalp once a day. Sometimes it helps to put a little oil on the scalp, let it soak in for about 15 minutes and then completely wash off the oil. If oil is left on the scalp, the cradle cap will get worse.

Diarrhea - See page 97

Vomiting

Some children vomit easily for many reasons such as illness, excitement, motion sickness, or even for no obvious reason. Any vomiting child should be separated from other children. If any of the following conditions exist, parents should be contacted as the child may need to be seen by a doctor or nurse:

- Child has a fever.
- Vomiting occurs more than twice a day.
- Child also has diarrhea.
- Vomiting occurs more than once after a head injury.
- Child has stomach pains and is bloated.
- Vomit contains blood, looks black or dark green.
- Child is lethargic (sleepy, not alert and responsive).
- Child has pain when passing urine.
- Infant vomited more than 1/2 of formula in 8 hour period.

After a child has vomited, avoid giving solid foods. Treatment for vomiting should be determined by parent or physician. Call early to prevent dehydration. A major concern for children (especially infants) who vomit repeatedly is the danger of dehydration (drying out). Signs of dehydration include:

- Child does not urinate or wet diaper for 6 hours.
- Tongue, lips, inside of mouth dry.
- No tears when child cries.
- Dry skin.
- Sunken eyes, sunken soft spot on heads in infants.
- Listlessness (child not moving around much or showing interest in things).

Notify parents if child has signs of dehydration. The child needs medical exam that day.

Fever

Fever is often the body's response to infection. Other things also cause a child's temperature to rise including food, too many clothes, excitement and anxiety. A temperature of 98.6° F. is an average normal temperature but individuals vary. Many children can have a high temperature without appearing to be sick.

Steps to Take When a Child Has a Fever

- Take a closer look at the child to see if other symptoms such as diarrhea or rash are present. If so, excluding the child from child care should be considered.

- Evaluate the child's behavior. If he/she is acting very ill and the staff is unable to care for the child, the parents should be called to take the child home.

- Remove extra clothing and offer liquids.

- Don't overdress the child or sponge with alcohol or water.

- Call parents if a fever of over 100° F. (axillary) occurs in someone who is less than 6 months of age so that medical advice can be obtained that day. If someone has a fever and sore throat, ear pain, cough, rash or diarrhea, see the decision-making charts on those symptoms for further information.

- Give medicines only as prescribed by health care provider or doctor. Unless prescribed by a physician, aspirin should not be given to children under 18 because of the possible connection between aspirin and Reyes Syndrome (a serious disease that can cause death). See pages 81-83 for more information about giving medication in child care.

Taking a Temperature

1. Using a Standard Glass Thermometer - Getting Ready

    - Shake thermometer until mercury line is below 96° F. (35.6° C).

    - Don't give cold or hot liquids for 1/2 hour before taking temperature by mouth.

    - Comfort and stay with child and make sure she/he remains still.

2. Taking temperatures rectally by child care providers is not recommended by The American Academy of Pediatrics for safety reasons.

    - Axillary (by armpit) can be used on children/people of any age.

    - Place bulb end of either oral or rectal thermometer under the arm, hold arm snug against body.

    - Armpit should be dry.

    - Wait 3-4 minutes before removing.

    - By mouth 6 years and older. You may take temperatures by mouth on children 6 years or older.

    - Place bulb end of oral thermometer (slim long bulb) under tongue.

    - Tell child to close mouth by bringing lips together, not teeth; caution child not to bite thermometer.

    - Leave under tongue 2 minutes. Stay with the child to keep him/her still and comforted.

3. Reading the thermometer (for either thermometer).

    - Slowly rotate thermometer until line of mercury is seen.

    - Read thermometer where line of mercury ends.

    Normal oral temperature 98.6° F. (37.0° C.). Normal armpit temperature 97.6° F. (36.5° C.)

4. Cleaning thermometers (for either thermometer).

    - After each use, wash thermometer with soap and cool water, rinse, soak for 15 minutes in 70% alcohol solution, rinse and dry.

    - Store in a protective case.

For digital colored strips or other types of temperature measuring devices, follow manufacturer's directions for use and care. To prevent spread of disease, use a new digital probe cover for each child and wipe off probe with alcohol between children.

PREVENTING COMMUNICABLE DISEASES

This section of the manual covers childhood diseases and ways to prevent or control their spread to other children or staff members in the day care center. Control of these communicable diseases is important for several reasons: An increasing number of children attend day care, most diseases spread more easily in areas with a number of people, and children are more susceptible than adults to many diseases.

For each disease, the manual will describe the disease, how it spreads, its symptoms, its incubation period (the time between development of the disease and the appearance of the first symptoms), its communicable period (the period in which it can be passed to others) and suggestions for preventing or controlling its spread.

There are four basic reservoirs for infections and diseases in the day care center:

1. **Intestinal Tract**
2. **Respiratory System**
3. **Skin**
4. **Body Fluids (drool, blood, nose or eye discharge)**

The final portion of the material on diseases will be devoted to describing diseases that can be prevented through vaccination.

UNIVERSAL PRECAUTIONS

- **Gloves are to be worn when touching blood and body fluids, mucous membranes, or non-intact skin.**
- **Gloves are to be changed after contact with each child.**
- **Masks and protective eye wear should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of mouth, nose and eyes.**
- **Gowns should be worn during procedures that are likely to generate splashes of blood or body fluid.**
- **Precautions should be taken to prevent puncture injuries.**
- **All skin surfaces exposed to blood or other body fluids should be washed immediately and thoroughly.**
- **Equipment for mouth-to-mouth emergency resuscitation should be readily available.**

Universal Precautions are to be used when handling any body secretion (urine, nasal/oral secretion, stool, blood).

DISEASES SPREAD THROUGH THE INTESTINAL TRACT

Day cares that accept diapered children are at the greatest risk for the spread of diseases such as infectious diarrhea. Diseases that spread through contact with stool are among the most common in day cares.

These diseases are spread in several ways. Young children who are diapered usually do not wash their hands, and are in frequent contact with each other. Child care providers also spread the germs when they do not wash their hands thoroughly after changing diapers or after helping a child in the bathroom.

Because intestinal tract illnesses are so easily spread, good hand washing is especially important. Children and staff members should be taught to consider all stool to be infectious.

Thorough hand washing alone may reduce the incidence of diarrhea in day care centers by as much as 50 percent.

Some simple rules to prevent the spread of all intestinal tract diseases are:

- Encourage frequent and thorough hand washing for staff and children.
- Consider using gloves when changing diapers. (See Universal Precautions, page 95.)
- Do not allow staff members who prepare the food to change diapers.
- Separate children into three groups if possible: infants, diapered children and toilet trained children. Try to have each staff member work with only one group of children.
- Disinfect diaper change areas after every diaper change.
- Change diapers only in diapering area.
- Separate diapering area from food storage, preparation and eating area.
- Wash hands after diapering, helping a child in the bathroom, and before preparing or eating food.
- Wash the child's hands after he or she goes to the bathroom.
- Clean and disinfect diapering areas, potty chairs, toilets, and toys daily or when soiled.

For non-food surfaces: Mix 1/8 to 1/4 cup bleach in 1 gallon water or 1/2 to 1 tablespoon bleach in a quart of water. Saturate area with the solution and air dry. Do not rinse.

For mouthed toys or eating utensils: Boil, use a dishwasher, or soak clean items for 2 minutes in a weak bleach solution of 1 tablespoon bleach to 1 gallon of water or a teaspoon of bleach in 1 quart of water.

Bleach will corrode metal.

Prepare new solution daily because it loses its ability to kill germs over time.

- Soiled diapers should be stored in covered containers, away from food and material used by children and staff.
- Stool from cloth diapers should be emptied in the toilet. Diapers should be placed in plastic bags, stored and sent home each day with the child.

DIARRHEA

What is it?

Diarrhea is characterized by an increase in the usual number of stools, which are loose, watery, and unformed. Diarrhea can be caused by many different germs, but the three most common are Shigella, Giardia and Rotavirus. Since day care providers will not know the specific cause of the diarrhea, you should treat all diarrhea as if it resulted from a contagious organism.

How is it Spread?

Direct contact with infected stool or object contaminated with infected stool. Infectious germs from the stool can be spread when contaminated hands, food, or objects (toys) are placed in the mouth. When people do not wash their hands well after using the bathroom, changing diapers or helping a child go to the bathroom, the germs stay on their hands and can be spread to food, drink or objects, and eventually to others' mouths. These germs are then swallowed, and multiply in the intestine and cause an infection.

What are the symptoms?

Depending on the cause of the diarrhea, symptoms can include fever; loose, watery stools; bad smelling stools; gas; stomach cramps; nausea; lack of appetite; possible weight loss; stools with blood or mucus or vomiting. This can lead to dehydration in the child. **Dehydration** is characterized by:

- Decreased urine output. Child does not pee or wet diaper for 6 hours.
- Tongue, lips, inside of mouth dry.
- No tears when child cries.
- Dry skin.
- Child appears thirsty.
- Sunken eyes, sunken soft spot on heads in infants.
- Child not moving around much or showing interest in things around him/her.

What is the incubation period?

Varies by germ, but usually 1 day to 3 weeks.

What is the period of communicability?

Diarrhea can spread as long as infectious germs are present in the stool.

Steps to take for diarrhea symptoms:

- Treatment for diarrhea should be determined by parent or physician. Call early to prevent dehydration.
- Separate and exclude children from child care who have diarrhea until they are seen by their health care provider.
- If there is more than one child or staff person at the child care with symptoms of diarrhea, contact the local health department or call toll free by using the code-a-phone number - 1-800-482-8888.
- Children or child care staff who have been excluded for diarrhea may return to the child care center if they no longer have diarrhea and/or a health care provider has determined that the diarrhea is not a health hazard to other children and staff at the child care center.
- Tell parents to inform their physician or health care provider that their child is in child care and whether or not any other children or child care staff are ill with diarrhea. This information may influence whether the physician obtains a stool culture.
- You may wish to request that parents obtain a note from the physician stating that it is all right for the child to return to child care.
- Re-educate staff about hand washing and diapering procedures which may prevent the spread of disease.

HEPATITIS A (REPORT TO HEALTH DEPARTMENT IMMEDIATELY)

What is it?

Hepatitis A is a viral infection that causes inflammation of the liver, and spreads throughout the intestinal tract. Hepatitis A is very contagious and quickly spreads in groups of children, although the major victims of the outbreaks are not the children but their adult contacts (such as day care providers or parents).

How is it spread?

Hepatitis is usually spread by the stool-to-mouth method, since the Hepatitis A virus is passed out of the body in stool. It can also be spread by stool-contaminated food, drink or objects such as toys. The virus is not found in urine or saliva, and lives for only a short time in blood. It spreads quickly in groups of small children who aren't toilet-trained and who cannot wash their own hands.

What are the symptoms?

Young children with Hepatitis A may have no symptoms or may have a mild, flu-like illness. The virus spreads silently among the children and usually becomes evident only when it infects adult contacts. Adults who have Hepatitis A may feel sick for a longer period and have loss of appetite, yellowing of the skin and whites of their eyes (jaundice), dark brown urine, nausea, loss of appetite, fever or tiredness.

What is the incubation period?

2-6 weeks after a person is exposed to the virus.

What is the period of communicability?

From 2 weeks before to 1 week after the onset of the symptoms.

How can I prevent or control the spread of the disease?

- Children and adults with acute hepatitis A should be excluded from child care center until one week after the onset of the illness.
- Notify and consult with the local health department in your area or use the toll free code-a-phone number (1-800-482-8888)
- Notify all parents if a child is diagnosed with hepatitis A.
- There is no treatment for hepatitis A once you have the infection; however, the illness can be prevented by a protective shot of immune globulin (IG) when given within two weeks of exposure to the virus. The health department will offer and administer IG to staff and children if they feel it should be done.
- Thorough hand washing is the best way to prevent spread of infectious diseases found in the intestinal tract.
- Clean and disinfect contaminated areas such as diapering areas, potty chairs and toilets, and toys, daily or when soiled. (The Hepatitis A virus may survive on these areas for weeks.)

Note: Control of Hepatitis A in a child care center does not include closing the center.

PINWORMS

What is it?

Pinworms are intestinal worms that infect primarily preschool and school-aged children (although they can infect adults as well). The worm usually enters the body as an egg through contaminated food. It hatches and develops in the intestine. A pinworm is tiny and resembles a white thread which comes through the rectum at night and lays eggs around the opening of the rectum.

How does it spread?

Pinworms can be spread when infected children scratch the rectal area. The eggs laid by the pinworm are transferred to their hands, and if their hands aren't washed properly, the eggs may be spread to food or other objects and eventually will be swallowed. Pinworms can also be spread through contact with contaminated clothing or bedding.

What are the symptoms?

Pinworms cause rectal itching (especially at night, when the pinworm comes out and lays its eggs); white, thread-like worms in stools; and sleeplessness caused by the itching.

What is the incubation period?

4-6 weeks.

What is the period of communicability?

As long as the eggs are present.

How can I prevent or control the spread of the disease?

- The infected child should be excluded until treatment has begun.
- All parents and staff members should be notified so they can watch the child for symptoms of pinworms.
- Washing hands after going to the bathroom and after contact with the rectal area, and before eating and preparing foods is the best way to prevent the spread of pinworms.
- Contaminated bedding and clothing should be changed daily and washed in hot water.
- To prevent the spread of pinworms, each child should have their own sheets and sleeping supplies.

DISEASES THAT SPREAD THROUGH THE RESPIRATORY SYSTEM

Another group of diseases common in day care groups is respiratory infections. These diseases are spread through droplets from nose, eye or throat secretions. Respiratory tract illnesses range from the common cold to more serious illnesses such as whooping cough or bacterial meningitis.

Respiratory diseases can spread through the air when a person coughs, sneezes, speaks or blows his or her nose. They can also be spread by objects contaminated with saliva or nasal secretions. In fact, an infected person often spreads the disease before coming down with symptoms. The spread of many of these diseases can be avoided by thorough hand washing after coming in contact with secretions and potentially contaminated objects. Proper disposal of soiled tissues is also important.

Some simple rules to stop the spread of all respiratory system diseases are:

- Hand washing and cleanliness are the best ways to prevent the spread of these diseases.
- Wash hands thoroughly after contact with nose, throat and eye secretions and before preparing and eating food.
- Do not allow food to be shared.
- Wash and disinfect mouthed toys daily.
- Use disposable towels and tissues.
- Dispose of tissues in a covered container.

THE COMMON COLD

What is it?

A "cold" is the most common viral illness in children. There are over 100 viruses that cause colds.

How does it spread?

Droplets from the nose, eye or throat, and direct contact with these infected secretions. When an infected person talks, coughs, sneezes or blows his nose, infectious droplets get into the air where they can be breathed in by another person. Droplets also can land on objects such as toys, countertops or food, and can be mouthed or touched by another person. These viruses can survive for hours on most surfaces. **Hand-to-mouth contact is the most frequent means of spreading a cold.**

What are the symptoms?

Symptoms of a cold include a stuffy or runny nose; sore throat, coughing; sneezing, watery eyes; fever, fatigue and irritability.

What is the incubation period?

1-3 days.

What is the period of communicability?

A person can spread a cold shortly before symptoms begin and for the duration of the symptoms. The viruses are most infectious during the 24 hours before the onset and during the peak of the symptoms.

How can I prevent or control the spread of the infection?

- There is no need to exclude children or staff who have colds, unless they have significant fever.
- Children should be allowed to return to the day care after the fever has gone for 24 hours.
- Good hand washing after sneezing or coughing, or when in contact with any secretions is the first line of defense.

- Cover mouth with tissue when coughing and sneezing, and dispose of tissue immediately.
- Clean and disinfect mouthed toys daily or when soiled. Try to avoid sharing of toys when colds are present.
- **Do not give aspirin for fever control. Reye Syndrome has been known to result from giving aspirin to children.**
- There is no treatment that can cure a "cold." Therefore, rest, fluids and medication are used to relieve the symptoms.

STREP THROAT

What is it?

"Strep throat" is a bacterial infection characterized by a red and painful throat. Strep throat occurs most frequently in children above 3 years old, during the colder months, and in crowded situations. Since viruses can also cause similar symptoms, children should be seen by a physician for an accurate diagnosis and treatment.

How is it spread?

Through nose and throat secretions of the infected person. It is easily spread within the family, and therefore easily spread in a day care setting.

What are the symptoms?

The common symptoms of strep throat are a red, painful throat; fever; swollen neck glands and a headache.

What is the incubation period?

1-5 days

What is the period of communicability?

Strep throat can be spread until at least 48 hours after treatment has begun.

How can I prevent or control the spread of the disease?

- A child or staff member with a severe sore throat and/or other symptoms of strep throat should be sent home and be taken to a physician for throat cultures.
- A child with a positive strep culture should be excluded from the day care **until 24 hours after antibiotic treatment is begun.**
- Prevent the spread of strep throat by following good hand washing techniques. Thoroughly wash your hands after wiping

or blowing noses, after contact with any nose, throat or eye secretions and before preparing or eating food.
- Do not allow food to be shared.
- Wash and disinfect mouthed toys at least once every day.
- Teach children and staff to cough or sneeze toward floor, to the side or into a tissue which must be properly disposed of. Then wash hands thoroughly.
- Use disposable towels and tissues.

CHICKEN POX

What is it?

Chicken pox is a very common, contagious childhood disease.

How does it spread?

Through droplets of fluid expelled from the mouth and nose during sneezing or coughing, or by direct contact with the chicken pox blisters.

What are the symptoms?

The major symptom is small blisters, usually on the chest, back, arms, legs and face. These blisters cause extreme itching, which can lead to an infection due to scratching. Fever, a general achy feeling and headache are also common symptoms of chicken pox.

What is the incubation period?

14-20 days after exposure.

What is the period of communicability?

From 5 days before the child "breaks out" until six days after rash appears.

How can I prevent or control the spread of the infection?

- Exclude the child from the day care until 6 days after rash begins.
- Children with a compromised immune system who are exposed should be seen promptly by a physician (i.e., any child taking steroid medication, any child who has ever been treated for cancer or leukemia, or any child with AIDS).
- When a pregnant woman who has not had chicken pox is exposed, she should contact her physician immediately.
- Care providers who have not had chicken pox should consult a physician if they are exposed to the illness.
- Aspirin is not recommended because of its possible link with Reye Syndrome.

- The best prevention of spreading chicken pox is good hand washing and cleaning procedures.
- Notify all parents if there is a case of chicken pox in your day care facility.

MENINGITIS (REPORT TO HEALTH DEPARTMENT)

What is it?

Meningitis is an infection of the covering over the brain and the spinal cord. This disease is one of the most serious illnesses, affecting 1 child in every 400 under the age of 5. It can be caused by either a virus or bacteria. Young children (5-24 months) are at the greatest risk for acquiring meningitis.

How does it spread?

By respiration or stool from the infected child.

What are the symptoms?

Symptoms include stiff neck, fever, vomiting, tiredness, headache, irritability, poor feeding, listlessness and inability to tolerate bright light. If untreated, meningitis can lead to coma, shock and death.

What is the incubation period?

1-10 days.

What is the period of communicability?

Meningitis can be spread until 24 hours after treatment has begun.

How can I prevent or control the spread of the infection?

- **Meningitis is a medical emergency and the child should be seen immediately by a physician.**
- Notify **all** parents if a child is diagnosed with meningitis.
- Report the case and consult with the health department for appropriate medical recommendations for children and staff — 1-800-482-8888.
- The HIB vaccine (a vaccine that prevents meningitis caused by Haemophilus influenza type b) is recommended for children starting at 2 months up to 60 months.
- Sometimes an antibiotic protection should be given to the children and staff who have close contact with the affected child.

DISEASES THAT ARE SPREAD BY DIRECT CONTACT (TOUCHING)

Direct contact may easily spread infections in day care settings. A child or staff member can get these diseases simply by touching the infected area of another person's body, secretions or personal objects. Because of the inquisitive nature of young children, these infections spread easily in a day care setting.

Some simple rules to stop the spread of diseases that are spread by direct contact are:

- Thoroughly wash hands after contact with possible infectious secretions.
- Dispose of tissues properly.
- Use soap; disposable liquid soap dispensers are preferred.
- Never use the same tissue, towel or washcloth for more than one child.
- Wash, then disinfect toys at least daily. See solution on page 76.
- Each child should have his/her own sleeping mat and sheets.
- Do not allow children to share personal items such as brushes, combs, blankets, hats or clothing.
- Store each child's dirty clothing separately in plastic bags. Do not launder children's clothing at the center.
- Wash and cover all sores, cuts or scrapes promptly.
- Report anything abnormal to the parents.

LICE

What are they?

Lice are small insects that live on scalp and hair. The adult louse lays its eggs (nits) at the root of the hair where they become firmly attached. Lice may not be visible, but the eggs (nits) can be seen sticking to the hair shafts.

How do they spread?

By direct contact with the infected person or with personal objects like hats, combs, bedding or clothing. Lice are not spread by pets, and cannot jump or fly. They cannot survive for more than 48 hours in the environment.

What are the symptoms?

Itching is the most common symptom of head lice. Tiny pear-white eggs covering the roots of the hair may be seen. Often red bite marks or scratch marks can be seen on the child's scalp and neck.

What is the period of communicability?

Until treatment has begun.

How can I prevent or control the spread of the infection?

- Infected children should be excluded until the morning after their first treatment. The risk of transmission is promptly reduced by treatment.
- Proper treatment consists of shampoos or special lotions made for the purpose of killing lice. A second treatment 7-10 days later is usually recommended. Follow recommendations made by the shampoo instruction label.
- Learn to recognize nits and regularly check children's hair.
- Avoid sharing hair care items such as brushes or combs, and items like towels, bedding, clothing, hats.
- Hang children's clothing in individual lockers or on assigned coat hooks.
- Check children for nits frequently throughout the year. Families of those children who were infected should also be checked.
- All combs and brushes should be boiled for 10 minutes or soaked for one hour in 2% Lysol solution or pediculicide shampoo.
- Vacuum floors, furniture and mattresses to get rid of lice.

SCABIES

What are they?

Scabies is a skin infection caused by a mite (a small insect of the spider family).

How does it spread?

By direct contact with an infected person. The mites can survive only 3 days off the body and cannot jump or fly.

What are the symptoms?

A rash with severe itching, mostly at night, is the most common symptom of scabies. In children, the rash is most likely to appear on the head, neck, palms, and soles of the feet, or between the fingers. The characteristic mite burrow consists of a short, wavy, dirty-appearing line on the skin.

What is the incubation period?

Two weeks to 2 months, depending on whether the infected person has had scabies before.

What is the period of communicability?

Scabies can be spread from the time a person acquires the mites until 24 hours after treatment begins.

How can I prevent or control the spread of the infection?

- Temporarily exclude the child from the center until the day after treatment begins.
- Treat infected children with medications that are effective against mites.
- It might be necessary to treat the other children and caregivers in the child's group as well as family members.
- Wash in hot water all washable items belonging to the center that came into contact with the child's skin during 72 hours prior to treatment. Dry on hot cycle.
- Place difficult to wash items in tightly closed plastic bags for 4 days.
- Vacuum any carpet or upholstered furniture.

IMPETIGO

What is it?

Impetigo is a contagious bacterial skin infection. It often occurs on the lips or nose but can occur anywhere on the body.

How does it spread?

By direct contact with the sores; sometimes it can be spread from secretions from the nose and throat.

What are the symptoms?

Common symptoms of impetigo are honey crusted sores and a rash that looks oozy, red, round and itches. Tiny blisters form around the nose or mouth which ooze and then form scabs.

What is the incubation period?

1-10 days (usually 5 days).

What is the period of communicability?

Impetigo can be spread until sores are healed or the child has been on antibiotics for 24 hours.

How can I prevent or control the spread of the infection?

- Parents should contact their physician for diagnosis and treatment.

- Exclude the child until 24 hours after treatment has begun, or until sores are healed.
- Wash the child's rash with soap and water and put some type of covering over it in order to prevent spread.
- The child's hands should be washed frequently (especially after contact with the sores), with soap and water.
- Change towels, linens and clothes at least daily.
- Avoid using towels and linens used by the child.

RINGWORM

What is it?

Ringworm is a fungal infection of the skin and hair. Although ringworm is not serious and is easily treated, it is unattractive and irritating.

How does it spread?

By direct contact with infected skin or when a person comes in contact with contaminated objects.

What are the symptoms?

The characteristic rash or ringworm is round with red or gray scaly patches. The edges may be raised, reddish and itchy. The center often looks like normal skin. On the scalp, the infection often begins as a small patch and eventually causes temporary hair loss.

What is the period of communicability?

Ringworm can be spread as long as the infected lesions are present.

How can I prevent or control the spread of the infection?

- Refer the child to the physician for a diagnosis and treatment.
- An infected child should be excluded only until treatment has begun.
- Parents and staff members should be notified if more than one person develops ringworm.
- The day care should be kept clean, dry and cool, since ringworm fungi grow in a moist, warm environment.
- Children should not share personal items such as hats, combs or towels.
- Good personal hygiene should be practiced.

CONJUNCTIVITIS (PINKEYE)

What is it?

Conjunctivitis is an inflammation of the conjunctiva (membrane covering the eyeball). It can be caused by either a virus or bacterial infection.

How does it spread?

Through direct contact with infected secretions of the eye, nose and throat. It can also be spread when staff members wash or dry an infected child's face and use the same towel on another child.

What are the symptoms?

The most common symptom of conjunctivitis is pink around the white parts of the eyes. The infected eyes also produce tears and discharge, pus and may itch or be swollen. Often the child's eyelids stick together in the morning because of the secretions during sleep.

What is the incubation period?

1-3 days.

What is the period of communicability?

Pinkeye can be spread until the active infection passes or until 24 hours of treatment.

How can I prevent or control the spread of the infection?

- Refer the child to the physician for proper diagnosis.
- If pinkeye is caused by a bacterial infection, exclude the child until 24 hours after treatment begins. If it is caused by a viral infection, exclude the child until the physician gives permission for return to day care.
- Use a separate cloth and towel to wash each child's face.
- Practice good hand washing after every contact with children's eyes.
- Dispose of contaminated tissues properly.
- Clean with soap and water and disinfect mouthed toys or toys that come in contact with the children's eyes daily or when soiled.
- Keep the child's eyes wiped free of discharge and wash hands after contact with the child's eyes.
- Teach children to wash their hands after wiping their eyes and to try to avoid rubbing their eyes.

DISEASES THAT CAN BE SPREAD THROUGH BODY FLUIDS (BODY SECRETIONS, BLOOD)

Some very serious illnesses are spread through contact with infected body fluids. Fortunately, these diseases are not common in day care. But they are so serious that staff members should be acquainted with them and ways to prevent them.

The viruses that cause illnesses can be spread when blood containing the virus enters the blood stream of another person. This can happen when the skin is punctured, or when an infected mother transmits the infection to her newborn infant during the birth process.

Some simple rules to help prevent the spread of diseases due to blood contact:

- Treat all blood secretions as if they were infectious. (See Universal Precautions, page 95.)
- Use disposable gloves when handling blood or items soiled by blood or body fluids (urine, feces, vomitus, saliva, nasal secretions).
- Clean all blood spills promptly and then disinfect the area with bleach solution (1 part bleach to 10 parts water).

CYTOMEGALOVIRUS (CMV)

CMV is a common virus that is harmless to most people, but it is the leading cause of congenital viral infections transmitted through pregnant women to their developing fetuses. Thus CMV is a concern mainly to the women in the day care and the mothers of the children attending the day care who are in their childbearing years. If a pregnant woman who has never had CMV becomes infected, especially during the first trimester, the fetus may also become infected. If this happens, the fetus may suffer mental retardation, hearing loss, seizures or blindness. It is estimated that 10-80% of children in day care centers excrete CMV in their urine (depending on their age).

How does it spread?

CMV is present in the urine, saliva, blood, tears, stools, cervical secretions and semen of infected individuals. Transmission of CMV results from close personal contact with infected individuals, often children or sexual partners. A pregnant woman can transmit the virus to her developing fetus and can also transmit the virus to the newborn in the birth canal. Mothers can also transmit the virus in their breast milk. Transmission can also occur through the transfusion of infected blood products. Contagion between children may occur by sharing mouthed objects or toys that have infected saliva on them, since CMV virus has been found on toys. Another source is contact with urine or stool when changing the child's diapers. This virus can be spread from one person to another if good hand washing techniques are not utilized after changing diapers. CMV has been shown to spread in day care most often from toddlers who lack control of body secretions.

What are the symptoms?

In most cases, CMV causes no symptoms. Occasionally, children or adults with CMV will experience mononucleosis-like symptoms such as fever, swollen glands and fatigue.

What is the incubation period?

Unknown.

What is the period of communicability?

The virus may be present in the urine or saliva for an indefinite period.

How can I prevent or control the spread of the infection?

- Children known to have CMV do not need to be excluded from day care, since other children may also have CMV.
- Since most infected children will not be identified, saliva and urine should always be treated as potentially infectious.
- Day care providers should always practice good personal hygiene. This includes frequent hand washing, especially after changing diapers, assisting in the bathroom or coming into contact with a child's saliva or other body secretions.
- Kissing any child on the mouth should be minimized, especially if the child is known to have CMV.
- Routinely clean and disinfect items contaminated with saliva or urine using a strong bleach solution of 1 part bleach to 10 parts water.
- Do not allow sharing of personal items which may have been contaminated with blood or body fluids such as tooth brushes, washcloths or toys.
- There is no need to report CMV.
- Pregnant women should avoid hands-on contact with infants with congenital CMV infections.

QUICK GUIDE TO COMMUNICABLE DISEASE CONTROL

DISEASE	HOW SPREAD	INCUBATION PERIOD
Chicken pox	Infected respiratory droplets or direct contact with blisters.	2 to 3 weeks
Conjunctivitis (Pink eye)	Direct contact with infected secretions.	24 - 72 hours
Coryza (Common Cold)	Contact with infected droplets.	12 - 72 hours
Diphtheria	Contact with infectious respiratory droplets.	2 - 5 days
Enterobiasis (Pinworm, Threadworm, Seatworm)	Direct contact with infected stool.	Life cycle about 3-6 weeks

SYMPTOMS OF ILLNESS	COMMUNICABLE PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Fever. Skin eruption, begins as red spots that become small blisters (vesicles) and then scab over.	For up to 5 days before eruption until no more than 6 days after appearance of vesicles.	Exclude for no less than 6 days after appearance of first crop of vesicles and child is afebrile and vesicles dry. No exclusion of contacts. Alert parents of immune-suppressed child(ren) of possible exposure.
Redness of white of eye, tearing, discharge of pus.	Until redness has disappeared.	Exclude until eye is comfortable. Urge medical care. No exclusion of contacts.
Nasal discharge, soreness of throat.	One day before symptoms and usually continuing for about 5 days.	Exclusion unnecessary. No exclusion of contacts.
Fever, sore throat, often gray membrane in nose or throat.	Usually 2 weeks or less.	Exclude cases. Return with a documented physician approval. No exclusion of contacts. Report immediately by telephone all cases to local and/or state health departments.
Irritation around anal region. Visible in stool.	As long as eggs are being laid; usually 2 weeks.	Exclude until treated as documented by physician approval. No exclusion of contacts. Careful handwashing essential.

QUICK GUIDE TO COMMUNICABLE DISEASE CONTROL (CONTINUED)

DISEASE	HOW SPREAD	INCUBATION PERIOD
Fifth Disease	Probably by contact with nose-throat drainage.	Estimated at 6-14 days
Hepatitis A	Fecal-oral contact with contaminated stool.	15-50 days, average 28-30 days
Herpes Simplex (Type 1)	Direct contact with sores.	2-12 days
Impetigo	Direct contact with sores.	4-10 days

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SYMPTOMS OF ILLNESS	COMMUNICABLE PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Minimal symptoms with intense red "slapped cheek" appearing rash; lace-like rash on body.	Unknown	Once rash appears child is not contagious. No exclusion of contacts.
Fever, nausea, loss of appetite, abdominal discomfort and jaundice.	Two weeks before jaundice until about 7 days after onset of jaundice.	Exclude for no less than 7 days after onset of jaundice. No exclusion of contacts. Immune globulin (IG) prevents disease if given within two weeks of exposure. Careful handwashing essential.
Onset as clear vesicle, later purulent. Following rupture, scabs and in 1-2 weeks, heals. Commonly about lips and in mouth.	For a few weeks after appearance of vesicle.	Exclusion unnecessary. No exclusion of contacts. Avoid contact with immune-suppressed or eczematous persons. Good personal hygiene, avoid sharing toilet articles.
Running, open sores with slight marginal redness - (rusty, honeylike drainage).	As long as lesions draining and case hasn't been treated.	Exclude until lesions brought under treatment as documented by physician. No exclusion of contacts. Good personal hygiene is essential. Avoid common use of toilet articles.

QUICK GUIDE TO COMMUNICABLE DISEASE CONTROL (CONTINUED)

DISEASE	HOW SPREAD	INCUBATION PERIOD
Influenza	Respiratory droplets.	24 - 72 hours
Measles (Rubeola)	Infected respiratory droplets.	10 - 14 days
Meningitis (Bacterial and viral)	Infected respiratory droplets.	Varies depending on causative agent; 2 - 10 days
Mumps (Epidemic Parotitis)	Infected respiratory droplets or direct contact.	2 - 3 weeks

SYMPTOMS OF ILLNESS	COMMUNICABLE PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Fever and chills, often back or leg aches, sore throat, nasal discharge and cough; prostration.	A brief period before symptoms until about a week thereafter.	Exclude for duration of illness. No exclusion of contacts.
Begins like a cold; fever, blotchy rash, red eyes, hacking frequent cough.	3-4 days before rash until 4 days after rash.	Exclude for duration of illness and no less than 4 days after onset of rash. Exclude unimmunized children from date of diagnosis of first case until 14 days after rash onset of last known case or until measles immunization received or laboratory proof of immunity is presented or until history of previous measles infection is physician verified. **Report immediately by telephone, all cases to local and/or state health departments**.
Sudden onset of fever. Intense headache, nausea, often vomiting, stiff neck, delirium or petechial rash, shock.	Variable.	Exclude for duration of illness. No exclusion of contacts. Chemoprophylaxis is sometimes appropriate for family and intimate contacts.
20-40% of those infected do not appear ill or have swelling. 60-70% have swelling with pain above angle of lower jaw on both sides.	About 7 days before gland swelling until 9 days after onset of swelling or until swelling has subsided.	Exclude until swelling has subsided. No exclusion of contacts. Inform parents of unimmunized children of possible exposure and encourage immunization.

QUICK GUIDE TO COMMUNICABLE DISEASE CONTROL (CONTINUED)

DISEASE	HOW SPREAD	INCUBATION PERIOD
Prediculosis (Head or body lice)	Direct contact with infected person or personal objects.	Eggs of lice hatch in about a week; mature in about 2-3 weeks
Pertussis (Whooping Cough)	Infected respiratory droplets	7 days - usually within 10 days
Poliomyelitis (Infantile Paralysis)	Direct contact with infected stool or respiratory droplets.	3-35 days; 7 - 14 days for paralytic cases
Ringworm (Tinea Infections)	Direct contact with infected skin or contaminated objects	10-14 days

SYMPTOMS OF ILLNESS	COMMUNICABLE PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Itching; infestation of hair and/or clothing with insects and nits (lice eggs).	While lice remain alive and until eggs in hair and clothing have been destroyed. Direct and indirect contact with infested person and/or clothing required.	Exclude until treatment is started. No exclusion of contacts; however they should be notified of exposure. Specific treatment usually lindane or pyrethrin shampoo and nit comb.
Irritating cough-symptoms of common cold usually followed by typical whoop in cough in 2-3 weeks.	About 7 days after exposure to 3 weeks after typical cough. When treated with erythromycin, 5-7 days after onset of therapy.	Exclude until physician approves return as per written documentation. No exclusion of contacts. Chemoprophylaxis may be considered for family and close contacts. **Report immediately** by telephone all cases to local and/or state health departments.
Paralysis	Not accurately known. Maybe as early as 36 hours after infection; most infectious during first few days after onset of symptoms.	Exclude for 6 weeks. No exclusion of contacts. **Report immediately** by telephone all cases to local and/or state health department.
Scaly patches of baldness of scalp; brittle and falling hair; usually oval shaped lesions.	As long as infectious lesions are present, especially when untreated.	Exclude until treatment started. No exclusion of contacts. Good sanitation practices and don't share toilet articles.

QUICK GUIDE TO COMMUNICABLE DISEASE CONTROL (CONTINUED)

DISEASE	HOW SPREAD	INCUBATION PERIOD
Rubella (German Measles)	Infected respiratory secretions or direct contact with infected blood, urine or stool.	14-21 days
Scabies	Direct contact with infected person contaminated clothing for 3-day period.	Infection caused by almost invisible mite. Lesions symptomatic after 4-6 weeks.
Streptococcal Infection; (Scarlet Fever, Scarlatina, Strep Throat).	Infected respiratory secretions.	1 to 3 days

SYMPTOMS OF ILLNESS	COMMUNICABLE PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Low-grade fever, slight general malaise; scattered measles-like rash; duration of approximately 3 days.	Abouut one week before rash until rash has disappeared.	Exclude for duration of illness and for no less than 4 days after onset of rash. Exclude unimmunized children from date of diagnosis of first case until 23 days after rash onset of last known case or until rubella immunization received or laboratory proof of immunity is presented. **Report immediately by telephone all cases to local and/or state health departments.**
Severe itching; lesions around loose fleshy tissue (e.g., finger webs, elbows, crotch, etc.).	Until mites and eggs destroyed.	Exclude for 24 hours after treatment is started. No exclusion of contacts.
Sore throat, fever, headache. Rough rash 12-48 hours later.	Until 48 hours after treatment begun.	Exclude for duration of illness. No exclusion of contacts. Early medical care important and usually requires 10 days of antibiotic treatment. Screening for asymptomatic cases not recommended.

QUICK GUIDE TO COMMUNICABLE DISEASE CONTROL (CONTINUED)

DISEASE	HOW SPREAD	INCUBATION PERIOD
Tuberculosis Pulmonary	Prolonged exposure to infectious respiratory droplets.	Highly variable-depends on age, lifestyle, immune status. Primary: 4-12 weeks. Latent: 1-2 years after infection — life-long risk.

NOTE: Careful handwashing is the most important thing that can be done to prevent the spread of most infectious diseases.

SYMPTOMS OF ILLNESS	COMMUNICABLE PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Weakness, cough, production of purulent sputum, loss of weight, fever. Urinary tract symptoms if this system involved.	Until sputum is free from tuberculosis bacteria. Generally after a few weeks of effective treatment.	Exclude. Physician treatment essential. May return with documented physician approval. No exclusion of contacts. Skin test contacts and chemoprophylaxis with INH if positive (in absence of disease). Exclusion of non-pulmonary-tuberculosis unnecessary.

WHAT ARE THE REGULATIONS RELATING TO THE SPREAD OF DISEASE ?

DAY CARE CENTERS MUST:

- Change infant's diapers when needed.
- Use individual washcloths, towels, or disposable towelettes to cleanse infants during diapering.
- Clean diaper changing surfaces after each use by sanitizing the surface or changing the diaper pad or disposable sheeting. (See page 75, #4.)
- Wash hands thoroughly with soap and water after changing a diaper.
- Place toilet training chairs away from eating and playing areas.
- Have clean and dry rooms.
- Have floors that are easily cleanable and kept clean and in good repair.
- Have no carpeting in food preparation area.
- Have removable, washable, non-shag carpet in the bathrooms, if carpeting used.
- Have effective screening on all openings into the outer air when flies or other flying insects are prevalent.
- Prevent the entrance and harborage of rodents.
- Maintain the temperature of rooms where children receive care between 65-70° F.
- Keep toilet rooms clean, in good repair, well-lighted, well-ventilated and fully enclosed.
- Have each toilet of suitable height and equipped to be easily and safety used by children.
- Have self-closing, tight-fitting doors to the toilet room which open directly from food service areas.

- Provide handwashing facilities at a ratio of one sink to every 15 children.

- Have sinks readily accessible to each toilet and/or diaper area.

- Provide hot and cold running water and soap.

- Have water temperature at the lavatory at least 100° F., but no greater than 120° F.

- Provide single-service towels and individual washcloths, and facilities for storing them. The use of a common towel and washcloth is prohibited.

- Provide sanitary dispensing and disposal units for paper towels. Install at heights convenient for the children's use.

- Ensure that no adult or child resumes work or play after using the bathroom without first washing his or her hands.

- Have water supplied from a Health Department approved source.

- Provide running water under pressure.

- Provide adequate water heating facilities.

- Provide drinking water by sanitary drinking fountains or individual cups. The use of common drinking containers is prohibited.

- Provide sanitary dispensing and disposal units for paper cups.

- Ensure that drinking fountains used by children have mouth guards with water issuing under sufficient pressure.

- Ensure that sewage and liquid water is properly discharged into a municipal sewage system (if available).

- Collect and dispose of all garbage and refuse in a manner which will not create a nuisance, provide a breeding place for flies or provide food or harborage for rodents.

- Ensure that all containers, both indoor and outdoor, for garbage and refuse are watertight, have tight-fitting covers and are fly and rodent proof. Garbage containers must be kept clean.

- Distinctly mark toothbrushes, if used, for individual use.

- Provide covered waterproof containers for storing wet, soiled clothing. Other soiled clothing must be stored in a covered container provided for that purpose.

- Provide clean and adequate storage for all personal items of children and staff. This storage must not be in the same storage area where food or medication is kept.

- Provide individual crib, cot, or mat, and a cover for each child.
- Provide each crib with a waterproof mattress.
- Daily disinfect cots, cribs and mats, or mark them by individual use and wash weekly or more often if needed.

Staff and children records

- Maintain continuous and accurate child attendance records (including arrival and leaving times).

GROUP DAY CARE HOMES MUST:

- Change infant's diapers when needed.
- Use individual washcloths, towels, or disposable towelette to cleanse infants during diapering.
- Clean diaper changing surfaces after each use by sanitizing the surface or changing the diaper pad or disposable sheeting.
- Have staff wash hands thoroughly with soap and water after changing a diaper.
- Provide a clean cot or bed for each child that is fitted with a firm, waterproof mattress.
- Screen all windows used for ventilation purposes.
- Ensure that buildings are constructed to prevent the entrance and harborage of rodents.
- Ensure that the temperature of rooms where children receive care is sufficient to indicate a 65°-70° F. minimum temperature.
- Have no carpeting in new, remodeled and renovated kitchens.
- Have toilets and toilet training chairs that are conveniently located, cleaned, disinfected daily and in good repair.
- Have single-service towels and individual washcloths, and facilities for storing them. The use of a common towel and washcloth is prohibited.
- Ensure that water temperature at the sink is at least 100° F., but no greater than 120° F.

- Prohibit the use of a common drinking container.
- Provide drinking water by sanitary drinking fountains or individual cups.
- Obtain water supply from Health Department approved source.
- Ensure that all garbage and refuse is collected, stored and disposed of in a manner which will not create a nuisance, provide a breeding place for flies or provide food or harborage for rodents.
- Ensure that all containers, both indoor and outdoor, for garbage and refuse are watertight, have tight-fitting covers and are fly and rodent proof.
- Properly discharge sewage and all liquid wastes into a municipal sewage system (if available).
- Provide enclosed, waterproof containers for storing soiled, wet clothing.
- Provide individual cribs, cots or mats for each child (siblings may share a bed).
- Have proof of vaccination for rabies for all pets.

FAMILY DAY CARE MUST:

- Provide a clean cot or bed for each child that is fitted with a firm, waterproof mattress.
- Ensure that all rooms used for child care are clean and dry.
- Screen all windows used for ventilation purposes.
- Ensure that buildings are constructed to prevent the entrance and harborage of rodents.
- Ensure that heating, ventilating and lighting facilities are adequate for the protection of the health of children.
- Ensure that the water supply meets current standards as set forth by the Department of Health.
- Submit water sample test verification for non-municipal systems.
- Ensure there is no open sewage discharge on the day care home property.

- Prohibit the use of common drinking container. Drinking water shall be provided by sanitary drinking fountains or individual cups.

- Provide individual towels and washcloths and facilities for their storage. Common use of towels and washcloths is prohibited.

- Provide enclosed, waterproof containers for storing soiled, wet clothing.

- Have proof of vaccination for rabies and distemper for all household pets.

- Have clean beds, cribs, cots or mats available for napping for all children (siblings may share a bed).

Staff and Children Records

- No child shall be enrolled in a family day care home unless a current record of immunizations or a written program for further immunizations has been obtained.

- The caregiver shall notify all parents of any communicable disease outbreak in the day care home.

REPORTING AND OBTAINING HELP FOR COMMUNICABLE DISEASES

REPORTABLE COMMUNICABLE DISEASES

In the state of Arkansas, please call 1-800-482-8888 immediately to report any of the following diseases reported to you by parents or a child's doctor.

These diseases can spread quickly and cause serious illnesses. If measures to control them are taken quickly, additional illness can be prevented.

COMMON REPORTABLE DISEASES

- Gonorrhea
- Hepatitis
- Measles
- Rubella
- Salmonellosis
- Shigellosis
- Syphilis
- Tuberculosis
- Typhoid
- Whooping Cough (pertusis)

LESS COMMON REPORTABLE DISEASES

- AIDS (Acquired Immune Deficiency Syndrome)
- Amebiasis
- Anthrax
- Aseptic meningitis
- Blastomycosis
- Botulism
- Brucellosis
- Campylobacter enteritis
- Cat Scratch Disease
- Chancroid

- Cholera
- Coccidioidomycosis
- Congenital rubella syndrome
- Diphtheria
- Ehrlichiosis
- Encephalitis
- Enterohemorrhagic E.coli 0157-H7
- Food poisoning
- Giardiasis
- Gonococcal opthalmia
- Granuloma inguinale
- Guillain-Barre syndrome
- Hemolytic - Uremic Syndrome
- Histoplasmosis
- HIV (Human Immunodefiency Virus)
- Influenza
- Kawasaki disease
- Legionellosis
- Leprosy
- Leptospirosis
- Lyme disease
- Lyymphogranuloma venereum
- Malaria
- Meningitis, Hemophilus influenza type B
- Meningococcal infections
- Mumps
- Pesticide poisoning
- Plague
- Poliomyelitis
- Psittacosis (ornithosis)
- Q Fever
- Rabies, animal
- Rabies, human
- Relapsing fever
- Reye's syndrome
- Rheumatic fever
- Rocky Mountain spotted fever
- Small pox
- Tetanus
- Toxic shock syndrome
- Toxoplasmosis
- Trichinosis
- Tularemia
- Typhus fever
- Yellow fever

DISEASES FOR WHICH ONLY OUTBREAKS NEED BE REPORTED

- Acute upper respiratory disease
- Chicken pox
- Conjunctivitis
- Dermatophytosis (ringworm)
- Enteropathogenic E. coli diarrhea
- Epidemic diarrhea of unknown etiology
- Gastroenteritis
- Herpangina
- Hospital acquired infections
- Infectious mononucleosis
- Influenza
- Pediculosis
- Pleurodynia
- Pneumonia (bacterial, mycoplasma, viral)
- Staphylococcal Infections
- Streptococcal Infections

HIV/AIDS INFECTION CONTROL

HIV is the virus that causes AIDS. It stands for Human Immunodeficiency Virus. HIV attacks the immune system and makes it difficult for the body to fight off infection (immunodeficiency).

HIV is spread only by three ways: blood to blood contact (where a sufficient amount of infected blood gets into the bloodstream of another person); sexual intercourse (where certain infected body fluids get into the body of another person); and from a pregnant woman to the fetus or newborn.

Scientific studies continue to show that HIV is not transmitted in any other way, even from close contact such as occurs among children and staff in group programs.

Therefore, the following guidelines are suggested for infection control in child care programs regarding HIV infection:

- HIV-infected children should be admitted to group programs if their health, neurological development, behavior, and immune status are appropriate. Such decisions should be made on an individual basis by qualified persons with expertise regarding HIV infection and AIDS, including the child's physician. This decision should take into account both whether the overall program is an appropriate placement for the infected child and whether the child poses a potential threat to others.

- Most infected children, particularly those too young to walk, pose no threat to others. HIV-infected children who persistently bite others or who have oozing skin lesions may pose a theoretical risk for spread of the virus, but this has never been shown to actually happen. Reports available at this time indicate that biting does not transmit HIV infection. The key principle is whether blood from the infected person is transferred, and few bites draw or transfer blood.

- Blood testing children for HIV prior to entering a child care program is neither warranted nor recommended. Parents of children attending group programs do not have the "right" to know the HIV status of other children or staff in the program. Caregivers and teachers do need to know when a child has a weakened immune system, regardless of cause, so that precautions can be taken to protect the child from other infections. However, this does not require telling them of a child's HIV infection. Arkansas law only requires that HIV infected individuals inform persons providing medical care to them of their sero status.

- As HIV infection is serious, and may go unrecognized, all child care programs should take precautions to reduce the low risk of infection. Recommended practices include: promptly cleaning soiled surfaces with disinfectant (1/4 cup of bleach per gallon of water), using disposable towels and tissues with proper disposal, and avoid exposure of mucous membranes or any open skin lesion to blood or blood-contaminated body fluid by using disposable gloves. These are procedures that should be routine for all settings.

SAMPLE AIDS POLICY TO BE USED BY CHILD CARE PROGRAMS

While concern about AIDS is natural, studies continue to show that in the absence of sexual contact or blood to blood contact, the disease is not likely to be spread, even in normal intimate family living situations (including child care settings).

The Arkansas Department of Health recommends the following policy:

- We will not exclude children, family members or staff based only on their being infected with HIV (the virus that causes AIDS). We will attempt to protect the privacy of such individuals. Caretakers may need to know if a child has a weak immune system which makes them more likely to catch communicable diseases. We do not endorse mandatory HIV/AIDS blood testing prior to enrollment or employment.

- Decisions will be made on a case by case basis in consultation with the person, their family and their health care provider and the director. The director will make the final decision taking into account whether the child will receive optimal care in the setting and whether the individual may pose a threat to others.

- We will follow Handling Body Fluids Guidelines for Child Care Facilities and the Child Care Infection Control Protocol by the Health Department to decrease the spread of all infection (see "References," page ii).

FIRST AID IN EMERGENCIES

When a child becomes ill or injured at child care, it may be necessary to obtain emergency medical care and contact the parents immediately. It is important that you have current phone numbers for parents and consent forms for emergency treatment for all children at the child care. It may be helpful to periodically post a sign for parents which reminds them to notify the child care about any changes in emergency contact information.

The following are examples of symptoms that could mean a child needs immediate medical attention.

- Serious Injury.
- Breathing which is difficult or fast; child sucks in ribs and doesn't seem to get enough air; child appears blue around lips, finger nails and toe nails.
- High fever (over 104° F.).
- Child is confused.
- Seizures or convulsions (fits) in a child who has no history of seizures.
- Severe pain.
- Severe bleeding.

Dial 911 for emergency help. Post emergency numbers by the phone along with the address and phone number of the child care site as these can be forgotten easily in an emergency. When calling for emergency help be prepared to give the operator the following information;

- **Your name.**
- **Your address & phone number.**
- **The problem.**

FIRST AID KIT

Your First Aid Kit Should Include the following Supplies:

- Mild soap (containing Hexachlorophene - requires prescription).
- Band aids.
- Cotton balls (for cleansing wounds).
- Sterile gauze dressing squares (2, 3, or 4 inch sizes).
- Adhesive tape.
- Roller bandages (1 and 2 inch widths).
- Ace bandage (2 or 4 inch).
- Small scissors.

- Tweezers for removing surface splinters.
- Syrup of Ipecac (check the expiration date regularly).
- Triangular bandages.
- Disposable gloves.
- Disposable instant cold packs, ice cubes or frozen vegetables in plastic bags.
- Any other supplies needed to conform to written medical policies.

Note: Ointments, "first-aid" sprays or other medications should not be used without the written, signed authorization of a physician and parent. Actually, most of these products are of no proven value in preventing infection or promoting healing, and they may cause allergic reactions or tissue damage in some cases.

Gloves

Try to put on clean disposable gloves if you expect to come into contact with blood; for example, if you care for a bloody nose or cut, or clean a spill of blood. (Keep some clean gloves in your first aid kit). Gloves are recommended for blood contact as an additional precaution against exposure to blood-borne germs.

After you tend to the problem, throw away the soiled gloves, bandages, paper towels, etc. in a plastic bag and wash your hands.

If in the confusion of the moment, you forgot to put on gloves, don't panic! But do wash the parts of your body exposed to the blood. Washing will reduce the risk that any virus or bacteria may have a chance to enter your body through a cut or break in your skin.

First Aid

First aid is the immediate care given to a person who has been injured or becomes suddenly ill. See pages 83-91 for treatment of illnesses.

This first aid information is to be used as a guide only.

URGENT CARE

While help is being summoned give immediate attention to the following first aid priorities.

Treat life threatening problems first:

- Remove child if in immediate danger, i.e., fire, gaseous fumes.
- Determine if child is breathing, (CPR) if necessary - Call 911.
- Control severe bleeding (use gloves if available).
- Notify parents.
- Appropriate personnel should remain with child until help arrives.

Evaluate general condition:

- **Avoid** moving child until initial assessment is done.
- **Assess** child from head to toe.
- Determine if child is alert enough to respond to commands (conscious or unconscious).
- Find out what happened and the extent of child's injury.

Think out course of action and follow it through:

- Use calm reassuring manner.
- Speak quietly and avoid making negative comments about the situation or child's condition.
- Avoid unnecessary wound contamination. Wash your hands!
- Refer for further evaluation and treatment.

Consult with Parents

- Parents should be notified of all injuries.
- Immediate notification should be determined by the extent of injury and condition of the child.

Documentation (accident report and additional recording)

- Describe incident, observations, time, date.

- Outline course of action taken.
- List persons notified (i.e., parents, doctor, supervisor).
- Review and determine ways to prevent reoccurrence.
- Encourage parents to keep tetanus shots up to date.

SHOCK

Signs and Symptoms:

- Pale appearance, lips pale.
- Skin cool and moist to touch.
- Rapid pulse.
- Respirations rapid, shallow.
- May complain of nausea/thirst.
- May become unresponsive and lose consciousness.

Treatment:

- Keep child lying down.
- Offer calm reassurance.
- Elevate legs.
- Do not give food or fluid.
- Maintain body temperature - add blankets if indicated.

BITES

(Injuries are listed in alphabetical order from this point on)

Human Bites

- Cleanse area thoroughly with soap and water. Rinse and dry well.
- May apply sterile dressing.
- Notify parent.

Animal Bites

- Cleanse wound thoroughly with soap and water unless there is tissue loss or severe bleeding. In that case follow severe wound first aid.

- Apply a sterile dressing and immobilize bitten area.

- If possible apprehend and isolate animal to be held by Animal Control - contact Animal Control. Need to contact parent so that medical professional can be consulted.

- Notify parent.

Insect Bites

Bee Stings:

- Remove stinger if present, using a credit card, dull knife, tongue depressor to scrape the stinger out of the skin.

- Cleanse with soap and water.

- Apply cold - **do not elevate.**

Ticks

- Remove **all** of the tick with tweezers or fingers by grasping close to point of insertion. A small tag of skin may be attached.

- Wash area well with soap and water.

BLEEDING

Minor Wounds:

- Wash your hands with soap and water before administering first aid if possible.

- Cleanse wound thoroughly with soap and water **only; rinse** and dry well.

- apply a sterile bandage or dressing.

Severe Wounds: (Deep cuts - gaping wounds)

- Use gloves when available. Control bleeding by applying direct pressure using a sterile dressing and the palm of your hand. If these dressings become saturated - **do not remove** - reinforce with additional dressing.

- Amputation - apply pressure, elevate, call for immediate help in transporting; pack the body part (arm, leg, toe, finger, ear) in ice and take with child.
- Contact parent, document.

BONE-JOINT INJURY

- Suspect fracture.
- Do not move the injured part.
- Support the injured part (pillows, clothing, splints).
- Control bleeding.
- Apply sterile dressing if open wound.
- Apply ice bag.
- Notify parents - document.
- Observe for shock , see page137.

BREATHING PROBLEMS/CHOKING

Epiglottitis

- Acute respiratory disease caused by infection and swelling of epiglottis.
- Usually sick 6-8 hours before emergency airway symptoms such as high pitched croupy cough or cry - noisy, rapid breathing - flaring of nostrils - blue color around lips, fingers and toenails - increased drooling and restlessness.
- Needs immediate medical assistance.
- Provide high humidity environment.

Choking on Small Objects (Know CPR or Call for Emergency Assistance.)

Infant

- If coughing is ineffective and breathing is getting worse.
- Hold infant in position shown (Illustration A) - give 4 rapid back blows between the shoulder blade using the heel of your hand.
- If object is not expelled, carefully turn baby over, supporting head well. Push on mid chest 4 times with 2 fingers on an imaginary line one finger width below the nipples (Illustration B).
- Repeat above until expelled - or emergency help arrives.

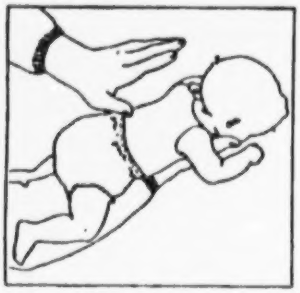

Illustration A

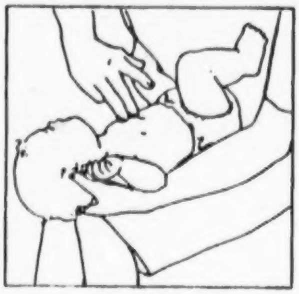

Illustration B

First Aid for Airway Obstruction of Child or Adult

- If person is conscious but cannot cough or speak, perform the abdominal thrust.
- Stand behind standing or seated person and wrap arms around person's waist.
- Make a fist with a hand, place thumb side against person's mid-abdomen - between the navel and breast bone.
- Grasp the fist with your other hand.
- Press fist into abdomen with quick upward and inward thrusts. Each thrust should be distinct in an attempt to remove obstruction.
- Repeat thrusts until object is expelled or person becomes unconscious and emergency help arrives.

BRUISES

- Apply ice bag to lumps or swellings.
- Suspect fracture if over bone site or internal bleeding if abdomen or lower back.
- Contact parent for doctor evaluation if symptoms worsen (nausea - vomiting - severe pain).

BURNS

First Degree: (Redness with mild swelling and discomfort)

- Apply cold water application by placing affected area under running water or cold compresses for 10/20 minutes, blot dry. **Do not use Ice !! Because this could cause frostbite, making a worse injury at the burned area.**

Second Degree: (Red matted appearance with blisters, swelling, wet appearances of skin surface).

- Cold water application as above until pain has subsided, blot dry.
- Apply dry sterile dressing.
- **Do not** break blisters.
- **Do not** apply ointment or antiseptic preparation.
- Burns of hands, feet, face or genitalia should receive prompt medical attention.
- Elevate if on arm or legs.
- Contact parent, regarding medical referral for treatment.

Third Degree: (Deep destruction of tissue - white and/or charred appearance) **Needs immediate medical attention.**

- **Do not** immerse in cold water or apply cold compresses.
- Cover burns with thick sterile dressing.
- **Do not** remove adhered particles or charred clothing.
- **Do not** apply ointment or antiseptic preparation.
- Burns of the hands, feet, face or genitalia should receive prompt medical attention.
- Elevate if extremities are involved.
- Contact parent; arrange for transportation; document.

Chemical Burns:

- Wash away the chemical with large amounts of water for at least five minutes. Remove affected clothing.

- First aid treatment for acid burns of the eye should begin as quickly as possible. Flush affected eye with water from the inner corner outward for 15 minutes. **Do not** allow chemical to contaminate unaffected eye.

CONVULSIONS/SEIZURES

- Keep calm.
- Do not try to restrain.
- Clear area around person.
- Don't force anything between the person's teeth.
- When seizure is over let person rest - turn person on side or turn head to side.
- Observe for absence of breathing following convulsion and give artificial respiration if needed.
- Notify parents, document.

DENTAL INJURIES

- Save any knocked-out teeth. Wrap the tooth in gauze moistened with water to send with the child to the dentist.
- Apply cold compress.
- Notify parent.

EYE INJURIES

Small objects blown or rubbed into eyes - such objects are harmful because of their irritating effect and danger of scratching surface and becoming embedded in the eye.

- Keep child from rubbing the eye.
- Always wash your hands before examining the eye.
- Refer to parents for medical care, document.

- Apply loose bandage to both eyes if child will tolerate this.

Penetrating injuries of eye are extremely serious:

- Do not attempt removal.
- Cover both eyes.
- Keep child quiet.
- Notify parent immediately, document.
- Transport by stretcher sitting up!

Blunt injury or blow to eye and surrounding area:

- Commonly results in a black eye.
- Should be seen by a doctor.
- Injury may be more serious than it appears and vision may be lost.
- Bleeding may recur after several days.
- Apply a dry sterile dressing to both eyes.
- Refer to parent for medical care; document.

FAINTING

Occurs from insufficient blood and oxygen to brain, and/or fatigue, emotional stress or standing for a long time:

- Keep child lying down. Feet and legs may be elevated.
- Loosen tight clothing.
- Do not attempt to give anything by mouth.
- If breathing stops, apply mouth-to-mouth resuscitation. Notify parent.

HEAD/SPINAL INJURIES

Scalp injuries usually bleed profusely:

First Aid:

- Control bleeding with sterile dressing applied over wound - keep head elevated. **Do not** apply too much pressure if there is suspicion of skull fracture.
- If there is deformity, marked swelling, drowsiness, vomiting, changes in rate of breathing, difference in size of pupils of the eyes, or bleeding from scalp, nose, or ear, immediate care by a physician is indicated.
- All injuries should be treated as possible neck/spinal injuries.

Head Injury

Extent of injury may not be immediately apparent - Keep child under observation for 30 minutes or longer.

Observe for symptoms of brain injury:

- Bloody or clear discharge from nose or ear.
- Temporary loss of consciousness or drowsiness.
- Speech problems and/or confusion.
- Motor problems - partial or complete paralysis.
- Convulsions.
- Headache or blurred vision.
- Pale or flushed face.
- Vomiting.
- Pupils or eyes unequal size.
- Pulse rate changes - increase in pulse could mean bleeding which cannot be seen.

First Aid:

- Notify parent.
- Keep child quiet.
- Ensure open airway.
- Do not give fluids.
- Keep in an upright position or have lie down with head slightly elevated.

Spinal Injuries - DO NOT MOVE:

- Keep child lying in same position. Keep quiet and warm.
- Give first aid for shock or bleeding, if present.
- Call parent; call immediately for assistance to transport.
- **Do not move** until trained personnel arrive.
- **Do not move** or twist the spine or neck if you suspect fractures or dislocations there.
- **Do not** attempt to move the child until proper splints or backboards are available.

POISON INGESTION

Call Poison Control Center

1-800-3POISON

or in Little Rock, call

686-6161

- Follow their directions.
- Give your number in case you are disconnected.
- Contact parent.

PROMOTING AND PROTECTING HEALTH OF CHILD CARE PROVIDERS

A major health hazard for child care providers is caused by a tendency to ignore their own health needs in order to meet children's needs first. It is important to recognize that only when they care for themselves by keeping truly well and healthy can they provide the best care for children.

PREVENTING INFECTION

Infectious diseases are common in day care centers and homes. Most are not serious.

However, since day care providers care for a number of young children, many of whom cannot control their secretions and have not yet learned principles of hygiene, there is the potential for spread of infections among provider children, children's families and into the community. Therefore it is important that the provider (center and day care home) be familiar with the infections common to day care and the measures to contain them.

Two important barriers which help prevent the spread of infection.

- **Immunization and appropriate hygiene practices.** Vaccines for measles, mumps, rubella, diphtheria, tetanus and polio are strongly recommended for providers. Additionally, an annual vaccine against the influenza virus may be advisable.
- **Hand washing.** Careful handwashing after contact with infectious secretions (blood, urine, or stool) along with proper handling of contaminated items is the most effective measure to prevent spread of infectious diseases. All blood and secretions from all children should be handled as potentially infectious.

PRECAUTIONS FOR PREGNANT PROVIDERS

Women of child bearing age should be aware that unborn children can acquire several infectious diseases occurring in children in the day care setting. Such infections can cause miscarriage, birth defects, or illness in the newborn. These infections include:

- Rubella
- Measles
- Mumps
- Hepatitis B
- Cytomegalovirus
- Herpes
- AIDS

The first four diseases can be prevented by immunization. Refer to Preventing Communicable diseases, page 95, for a detailed discussion of all of the above diseases. Routine immunization (or other proof of immunity) is strongly recommended for the first three diseases: measles, mumps, and rubella. In certain settings, an increased risk of Hepatitis B infection could exist. In those cases, vaccination is recommended for persons who have daily close contact with children who have or are at high risk of having Hepatitis B. Strict attention to handwashing and care with **ALL** children's blood and secretions are the most effective safeguards for susceptible women against those infections for which there are no vaccines.

WHEN NOT TO COME TO WORK

Most people recognize that minor illness frequently occurs in day care setting. It is expected that children will catch colds and flu. Adults working with young children are also likely to become ill. Yet, because of the difficulty of arranging for and keeping dependable substitutes, many center staff and home providers keep working when they are ill, convincing themselves that they really are not "that sick." **Upgrading substitute coverage is critical to a well-run day care center or home even though creating a reliable substitute policy is a difficult task.** Each situation with a sick person, child or adult, is unique. The best illness guidelines to follow is this:

> **In centers, ask providers who cannot comfortably perform their daily activities to remain at home. Personnel policies should be written to allow and encourage providers to stay at home or deny care when they feel too sick to work.**

Providers often work when sick because of fear of lost pay or feelings of guilt due to inadequate substitute coverage. All providers must make a choice which balances their personal concerns and those of the children.

There are no absolute right or wrong decisions except in the rare cases of exposing children to serious contagious diseases.

Clearly, adults with serious illness such as meningitis or chicken pox should not be providing child care. Providers with other contagious diseases (e.g., strep throat, lice, impetigo) may return after treatment is begun. With mild diarrhea or herpetic cold sores, providers may work but must take extreme precautions in personal hygiene.

STRESS

Child care providers and parents have a very stressful vocation. Because caregivers have constant demands on their time, energy and adaptability, they are at risk for emotional and physical burnout. Adults working with children need to take responsibility for self-care measures by recognizing their own warning signals and planning daily stress reducers into their busy schedules.

Some Common Stress Symptoms Are:

- Frequent illnesses (colds, sore throats, etc.).
- Appetite and/or sleep disturbances (either a significant increase or decrease).
- Chronic fatigue; lack of energy even for fun activities.
- Accident-prone behavior.
- General irritability; difficulty relating to others; easily angered.
- Increased smoking, drinking or drug usage.
- Diarrhea; indigestion; stomach ailments.
- Increased muscular tension (headaches; neck aches; low back pain).
- Inability to concentrate; disorientation.

If ignored and allowed to become chronic, stress symptoms can affect areas of your life and lead to serious illness.

Summary of Stress Management:

- Learn to set goals and priorities.
- Manage time efficiently.

- Practice positive rules of good health.
- Deal effectively with your emotions.
- Harmonize your human relationships.
- Practice stress relievers and relaxation.
- Seek professional help for serious stress problems.
- Read books about stress, or attend stress-management class.
- Work on communication and assertiveness skills.

SUGGESTIONS FOR STRESS RELIEF AND RELAXATION

Physical techniques

- Practice deep breathing: breathe in relaxation, exhale stress.
- Physical exercise: walk; run; dance; stretch; swim.
- Hot bath/shower.
- Massage.
- Soak feet in hot water and lemon.

Distracting Techniques

- Listen to soft music.
- Daydream; use creative visualization; take a mini-mind vacation.
- Read for pleasure.
- Sing out loud (in shower) (in car).

Interpersonal Techniques

- Spend daily self-time (minimum 15 minutes); e.g., polish nails; relax in hot tub.
- Schedule weekly "renewal time", mark date and time on calendar and keep appointment with yourself. Go to library; museum; window-shopping.

- Spend time on a hobby.
- Buy yourself some flowers.
- Write in your diary.

Spiritual Techniques

- Meditate.
- Pray.

Create a less stressful environment at home and at work by building a positive climate. Focus on "What's good about today." Discourage chronic complainers and criticizers by not listening and not accepting their dreary views.

WAYS TO PROMOTE GOOD STAFF HEALTH

- Provide a high counter with stools (or an adult-size table and chair) for staff who do clerical, administrative and curriculum work; bring in adult-size folding chairs for staff meetings; place a phone book on a child-size chair to make it a more comfortable seat.
- Set aside private adult space and provide adequate back-up to ensure **genuine** break to alleviate stress.
- Train staff in proper techniques for lifting and bending to prevent leg and back strains. See page 153, for some guidelines on lifting and bending.
- Provide gloves for use when working with cleaning agents to help prevent skin irritation.
- Establish preventive health policies which can reduce exposure to childhood illnesses and practice good preventive health procedures to help keep adults and children healthy.
- Include break and substitute plans in personnel policies.

SUBSTITUTES

- Consider joining with other centers to hire a sub who rotates between programs. This allows each center some guaranteed coverage and provides dependable employment for the sub. If nobody is absent on your scheduled day, the sub can supervise while regular staff attend to parent conferences, planning, etc.
- Set a decent salary for substitutes.
- Regularly evaluate your center's substitute policy. Keep the sub list active; call subs periodically to make sure they are still available.
- Let parents know about the center's substitute procedures. They will appreciate your care and attention to staff illness.

BREAKS

Because of the cost of hiring additional staff, most centers must work with existing personnel during staff breaks. Use the following suggestions for coping with limited staff:

- Utilize administrative support staff to cover breaks. Some centers assign nonteaching staff to cover breaks on different days of the week.
- Integrate volunteers to cover breaks. Assign parents, students, or community members as "floaters." The key to making this plan work is regular scheduling and dependable volunteers! Be sure to give each volunteer a thorough orientation to the duties and responsibilities of a "floater."
- If budget and staff; child ratio requirements allow, designate one staff member as a "floater" during break time for a week at a time. This person can become familiar with each of the classrooms in a large center and also gain perspective on the program by changing roles.
- Overlap staff shifts. Some centers arrange for afternoon shifts to begin during the last half of the morning shift. Although more expensive, this model facilitates covering breaks and also allows teachers time to share concerns and communication regarding their program.

- Provide an inviting space for staff that encourages relaxation during breaks. Too often the staff lounge - if it exists at all - doubles as an office, storage room and/or place for a sick child. Even if space is limited, a comfortable chair placed in front of a window can serve as a place to relax. If at all possible, the center budget should pay for coffee, tea, juice, or other refreshments for the staff to enjoy.

OTHER WAYS TO PREVENT ILLNESS AND INJURY FOR CHILD CARE PROVIDERS

Remember all those suggestions beginning on page 73 of Ways to Prevent Illness in Child Care Settings. They will help you and your co-workers stay healthy, too. And, your health is important so that you can provide the kind of care you want your children to receive.

IMMUNIZATIONS FOR CHILD CARE PROVIDERS

Safe vaccines are available against many diseases. No immunizations are required for child care providers. However, it is recommended that all child care providers have immunity to the following diseases: diphtheria, tetanus, measles, mumps, rubella and polio. (Infants and toddlers may shed polio virus in stool for 4-6 weeks after being immunized with oral polio vaccine. Child care workers may be exposed to this virus while diapering. **Child care providers who are immunocompromised should not diaper children who recently received oral polio vaccine.)**

Immunity may come in the form of the person being exposed to the illness (natural immunity) or in the form of an immunization (passive immunity). Adults need boosters of tetanus-diphtheria vaccine every 10 years. Influenza (flu) vaccine given yearly is also advisable.

Adults born before 1957 are generally considered naturally immune to measles and usually do not need to be vaccinated. Adults born 1957, or after, should check their health records to see if they were **both**:

- immunized in 1968 or later, **AND**

- immunized after their first birthday, with live measles vaccine.

Vaccination would not be necessary for those who have had measles. If you're not sure if you've had measles, or were vaccinated, there is no harm in a repeat vaccination.

BACK INJURY PREVENTION FOR CHILD CARE PROVIDERS

Working in child care means being physically active. It's good for the children when their caregivers share their activity: playing with them, bending and getting down at their level, and holding or lifting them. Some of these activities may put stress on your back if not done correctly. These guidelines are written to help you stay active while reducing the chances you will have any back problems. Please note, that being physically active is good for the back, as long as your activity is performed correctly, as these guidelines describe.

When you lift, bend, or twist, use caution! These are the primary activities that can stress the back.

- To lift properly, keep the object (or child) close to your body. A way to remember to do this is to "hug your work!" When lifting, get close and bend at the waist more than you have to. Bending your knees can help reduce the stress on your back, but only if it helps you get the object close to your body's center of gravity (abdominal area). Also, don't twist - move your feet instead.
- Make sure you have a clear path and a good view of where you are going when you carry something. Get help if you have to move a large or heavy item.
- If you have an episode of back pain, make sure you follow the guidelines above to make sure you don't overstress your back while you are healing. If you have some back pain and want to take something for it, aspirin or aspirin-substitutes should be sufficient; follow label instructions. Try ice packs or compresses over the painful area for 15 minutes, 4 times a day.
- Generally, bed rest is NOT recommended during back pain. Stay as active as you are able, but sit as little as possible and remember to follow the guidelines listed above. Be patient! You will get better. (If your doctor tells you to go to bed, talk to him/her about taking a 20-minute walk for every 3 hours of day-time bed rest to keep your muscles and bones from weakening from too much inactivity.)
- Lift only those items which must be lifted. Avoid lifting more than 30 pounds until your back pain subsides. Use good posture and "body mechanics". Think of creative ways to avoid lifting. For example, instead of lifting children, have them step up to sinks or changing tables.

AVOID EXPOSURE TO TOXIC CHEMICALS

Art, craft and cleaning supplies may cause problems, such as irritation to skin, nose, lungs or eyes. The following suggestions will help decrease this occupational hazard:

- Check the ingredients of paints, clays, cleaning supplies, etc., and use only non-toxic materials. Many items used in child care programs, even if listed as "non-toxic", may have harmful effects on adults and children. Always maintain good ventilation and circulating air, and use gloves when working with dangerous or irritating substances.
- Check with Poison Control Center or the manufacturer if you have questions about materials.
- If skin is irritated, protect it with gloves and/or moisturizing lotion.

CHILD MALTREATMENT

In Arkansas, child care providers are required by law to report cases of known or suspected child maltreatment.

As a child care provider, you are often in a position to detect child maltreatment and help families get assistance for the problem. You also have a responsibility to make sure that child maltreatment does not occur in your child care setting.

ARKANSAS' CHILD ABUSE REPORTING STATUTE

ACT 1208, 1991

When any physician; surgeon; coroner; dentist; osteopath; resident; intern; licensed nurse; medical personnel who may be engaged in admission, examination, care, or treatment of persons; teacher; school official; school counselor; social worker; family service worker; day care center worker or any other child or foster care worker; mental health professional; peace officer or law enforcement official has reasonable cause to suspect that a child has been subjected to child maltreatment, or that a child has died as a result of child maltreatment, or who observes the child being subjected to conditions or circumstances which would result in child maltreatment, he shall immediately notify Central Intake or law enforcement.

THE LAW STATES:

- You are required to report suspected or known maltreatment. It is not your role to have proof of maltreatment or to investigate the situation.
- If you have a suspicion that a child is being maltreated, and you report in good faith, you are immune to suit and to liability both civil and criminal.
- No privilege or contract relieves anyone required by law to report suspected maltreatment.
- If you willfully fail to report suspected child maltreatment you will be civilly liable for damages proximately caused by that failure.

- The identity of the person who made the report is not disclosed unless a court of jurisdiction orders release for good cause shown. Identity of the reporting source can be released to the prosecuting attorney or law enforcement upon request.

WHERE DO YOU REPORT SUSPECTED CHILD MALTREATMENT?

If you suspect child maltreatment or if you have any questions call the Arkansas Child Abuse Hotline at 1-800-482-5964 or your local law enforcement agency.

HOW COMMON IS CHILD MALTREATMENT?

Approximately 3 million reports of suspected maltreatment were made last year in the United States.

There were over 1 million children in the United States substantiated as victims of maltreatment.

In 1993, there were 17,489 reports in Arkansas referred for investigation. Of those reports 4,630 were substantiated maltreatment.

About 40 percent of children whose parents suffer spousal abuse also are abused themselves.

One out of 3 girls will be sexually abused by the age of 18.

One out of 5 boys will be sexually abused by the age of 18.

WHAT IS CHILD MALTREATMENT?

The National Committee for Prevention of Child Abuse (NCPCA) defines child maltreatment as a nonaccidental injury or pattern of injury to a child. This may include nonaccidental physical abuse, neglect, sexual abuse and emotional abuse.

WHAT IS PHYSICAL ABUSE ?

Physical abuse is nonaccidental injury inflicted upon a child that may include hitting, burning, biting, choking, etc.

Signs of physical abuse may include:

- Child has unexplained or repeated injuries such as welts, bruises, burns.
- Child has injuries that seem to take the shape of an object (bruises look like the shape of a hand, belt buckle, electric cord; burns that are round, shaped like an iron or curling iron).
- Child has injuries that don't make sense for his/her age such as bruises on the legs or bottom of a child too young to walk or climb.
- Unlikely or different explanations of injury given by parent and/or child.

WHAT IS NEGLECT?

Neglect is failure to provide a child with the basic necessities of life such as supervision, food, clothing, shelter, education and, medical care. Neglect also includes the failure or refusal to prevent abuse when it is known a child has been abused.

Signs of neglect may include:

- Constant hunger.
- Poor hygiene.
- Inappropriate clothing.
- Constant fatigue, listlessness.
- Poor school attendance.
- Child has health problems and is not getting medical or dental care.

WHAT IS EMOTIONAL ABUSE?

Emotional abuse is a pattern of behavior that injures a child's emotional development and sense of self-worth. Some examples are constant criticism, insulting, rejecting, and providing no love, support or guidance.

Signs of emotional abuse may include:

- Regression in habit disorders such as thumb sucking, biting, rocking, bed wetting.
- Behavioral extremes.
- Poor peer relations.
- Compulsiveness.
- Obsessiveness.
- Hysteria.
- Phobias.
- Hypochondria.

WHAT IS SEXUAL ABUSE?

Sexual abuse is a sexual act between a child and adult or older child for the sexual gratification of the adult or older child. It can be a physical or nonphysical act. Physical acts may includes such things as touching a child's private parts, penetration of the child's vagina or rectum, or oral sex. Nonphysical acts may include forcing a child to look at an adults genitals, forcing a child to watch adults involved in sex, exposure of a child's genitals, talking to a child in a sexually explicit manner, exhibitionism or pornography.

Signs of sexual abuse may include:

- Problems walking or sitting.
- Bite marks.
- Stained or bloody underpants.
- Pain or itching in the genital or rectal area.
- Bruising caused from restraints.
- Child has problems sleeping (afraid to sleep alone, frequent nightmares, afraid to close eyes, afraid of darkness.
- Soiling or wetting pants/bed.
- Starting fires/stealing.
- Eating disorders such as binge eating, bulimia, anorexia.
- Depression/flat affect.
- Withdrawn.
- Knowledge of age inappropriate sexual information.
- Excessive masturbation.

WHEN A CHILD DISCLOSES SEXUAL ABUSE

While children may disclose sexual abuse directly, often their disclosure is subtle or indirect, including:

- Hints or hidden disclosure, such as "My baby-sitter is bothering me", "Aunt Sue wouldn't let me sleep last night", "I don't like riding in the truck with Billy." The child may not have the vocabulary to specifically describe the abuse, may feel ashamed, or may have promised not to tell. Gently encourage the child to tell you as much as he/she can. Remember that to make a report of suspected abuse, you do not need to know exactly what form the abuse has taken.

- Conditional disclosure, such a "You have to promise not to tell anyone." The child may fear the consequences of disclosure. Often times the perpetrator has used threats to control the child. Assure the child that you want to help so the child and the perpetrator can get help. Tell the child that it was brave of them to tell and that something like that should not be a secret. Don't promise that you won't report the abuse or promise anything else you cannot follow up on or control.

- Report information to Child Protective Services immediately. Avoid having others question the child further. The Child Protective Services Investigator or appropriate law enforcement official should be the one to interview the child extensively in case the incident is referred for legal action and to prevent the child from feeling too much confusion from excessive questioning.

- Never make the child confront the accused adult. Depending on who the alleged perpetrator is, you may want to involve the parents in making the report with you. Other times you may decide to report without informing the parents.

- Support a child that has disclosed sexual abuse by telling them you believe them and it is not their fault.

WHAT CAN YOU DO TO HELP THESE CHILDREN?

Make them feel safe, loved and worthwhile. You can praise them, teach them how to cope with failure, protect them from violence and spend time with them.

WHO CAN YOU CONTACT FOR INFORMATION ABOUT CHILD ABUSE ?

- Arkansas Child Abuse Reporting Hotline 1-800-482-5964.
- Arkansas Commission for Rape, Domestic Violence and Child Abuse, Little Rock, 661-7976.
- Arkansas State Police, Little Rock, 221-8220.
- SCAN Volunteer Service, Central Office, Little Rock, 372-7226.

Safe kids are no accident !

Arkansas SAFE KIDS Coalition
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